

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
CARE COMPLEX	I	16-0069	I FROM 7/ 1/2009	I --AUDITED --DESK REVIEW	I / /
COST REPORT CERTIFICATION	I		I TO 6/30/2010	I --INITIAL --REOPENED	I INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I	I --FINAL 1-MCR CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT

DATE: 11/29/2010 TIME 10:05

## PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

## CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MERCY MEDICAL CENTER

16-0069

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	28,137	34,651	0	
2 SUBPROVIDER	0	-6,379	0	0	
2 .01 SUBPROVIDER II	0	13,595	0	0	
5 HOSPITAL-BASED SNF	0	7,831	0	0	
7 HOSPITAL-BASED HHA	0	0	0	0	
100 TOTAL	0	43,184	34,651	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-2  
I I TO 6/30/2010 I

## HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 250 MERCY DRIVE  
1.01 CITY: DUBUQUEP.O. BOX:  
STATE: IA ZIP CODE: 52001- COUNTY: DUBUQUE

## HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
0	1	2	2.01	3	V XVIII XIX
02.00 HOSPITAL	MERCY MEDICAL CENTER	16-0069		7/ 1/1966	N P O
03.00 SUBPROVIDER	MERCY MEDICAL CENTER	16-0069		7/ 1/1984	N P O
03.01 SUBPROVIDER 2	MERCY MEDICAL CENTER	16-0069		7/ 1/1988	N P N
06.00 HOSPITAL-BASED SNF	MERCY MEDICAL CENTER	16-5116		11/29/1983	N P O
09.00 HOSPITAL-BASED HHA	MERCY HOME CARE	16-7145		7/ 1/1987	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

## TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1
20 SUBPROVIDER	5
20.01 SUBPROVIDER II	4

## OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 20220

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N				
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?					
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.					
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.					
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N				
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)					
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /					
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N				
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		100	0.8380	0.8869	
			0.00	1	2200	20220
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING		%	Y/N		
28.04	RECRUITMENT		0.00%			
28.05	RETENTION		0.00%			
28.06	TRAINING		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N				
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N				
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N				
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL  
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX  
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE 1 2 3  
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y  
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME 902022  
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). FI/CONTRACTOR #  
40.01 NAME: TRINITY HEALTH SYSTEMS FI/CONTRACTOR NAME  
40.02 STREET: 34605 12 MILE RD P.O. BOX:  
40.03 CITY: FARMINGTON HILLS STATE: MI ZIP CODE: 48331-  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 0  
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /  
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
PREMIUMS: 180,101  
PAID LOSSES: 250,000  
AND/OR SELF INSURANCE: 180,101

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES  
0 1 2 3 4  
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0  
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATAI PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-2  
I I TO 6/30/2010 I

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%  
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS  
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE  
10/1/2002. Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.  
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2  
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?  
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW  
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN  
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"  
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN  
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF  
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST  
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT  
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

## MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N  
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,  
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

## SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/20/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET 5-3
I		I	TO 6/30/2010	I	PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TITLE XVIII 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	156	56,940			12,429		1,181
2	HMO					199		8
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	156	56,940			12,429		1,181
6	INTENSIVE CARE UNIT	16	5,840			1,056		100
11	NURSERY							813
12	TOTAL	172	62,780			13,485		2,094
13	RPCH VISITS							
14	SUBPROVIDER	9	3,285			731		24
14	01 SUBPROVIDER-PSYCH	16	5,840			1,369		959
15	SKILLED NURSING FACILITY	22	8,030			4,743		320
16	NURSING FACILITY	40	14,600					5,763
18	HOME HEALTH AGENCY					10,700		6,006
25	TOTAL	259						
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			19,649				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			19,649				
6	INTENSIVE CARE UNIT			1,735				
11	NURSERY			2,695				
12	TOTAL			24,079				
13	RPCH VISITS							
14	SUBPROVIDER			1,060				
14	01 SUBPROVIDER-PSYCH			4,512				
15	SKILLED NURSING FACILITY			5,764				
16	NURSING FACILITY			14,492				
18	HOME HEALTH AGENCY			18,457				
25	TOTAL							
26	OBSERVATION BED DAYS			1,421	260	1,161		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			248				
28	01 EMP DISCOUNT DAYS -IRF			25				
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					3,575	481	7,098
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		841.72			3,575	481	7,098
13	RPCH VISITS							
14	SUBPROVIDER		8.18			56	1	115
14	01 SUBPROVIDER-PSYCH		27.40			190	240	939
15	SKILLED NURSING FACILITY		30.09					
16	NURSING FACILITY		26.62					
18	HOME HEALTH AGENCY		44.09					
25	TOTAL		978.10					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

## HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET S-3  
 I I TO 6/30/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	42,967,401		42,967,401	2,030,153.00	21.16	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,192,392		1,192,392	62,574.00	19.06	
8.01	EXCLUDED AREA SALARIES	8,717,470	192,306	8,909,776	413,438.00	21.55	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	2,412,428		2,412,428	89,161.00	27.06	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	229,133		229,133	1,348.00	169.98	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	7,045,002		7,045,002	139,889.00	50.36	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	12,715,242		12,715,242			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	3,908,431		3,908,431			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	996,051		996,051	78,491.00	12.69	
22	ADMINISTRATIVE & GENERAL	1,801,912	-185,854	1,616,058	98,270.00	16.45	
22.01	A & G UNDER CONTRACT	41,033		41,033	261.10	157.15	
23	MAINTENANCE & REPAIRS	1,097,858	-6,452	1,091,406	56,201.00	19.42	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE	510,688		510,688	43,192.00	11.82	
26	HOUSEKEEPING	1,012,187		1,012,187	86,572.00	11.69	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,412,509		1,412,509	106,070.00	13.32	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	992,872		992,872	35,116.00	28.27	
31	CENTRAL SERVICE AND SUPPLY	344,113		344,113	24,918.00	13.81	
32	PHARMACY	1,534,909		1,534,909	46,595.00	32.94	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,979,682		1,979,682	94,291.00	21.00	
34	SOCIAL SERVICE	205,337		205,337	11,166.00	18.39	
35	OTHER GENERAL SERVICE	237,435		237,435	16,676.00	14.24	

## PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	43,008,434		43,008,434	2,030,414.10	21.18	
2	EXCLUDED AREA SALARIES	9,909,862	192,306	10,102,168	476,012.00	21.22	
3	SUBTOTAL SALARIES	33,098,572	-192,306	32,906,266	1,554,402.10	21.17	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	9,686,563		9,686,563	230,398.00	42.04	
5	SUBTOTAL WAGE-RELATED COSTS	12,715,242		12,715,242		38.64	
6	TOTAL	55,500,377	-192,306	55,308,071	1,784,800.10	30.99	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	12,166,586	-192,306	11,974,280	697,819.10	17.16	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET S-4
I HHA NO:	I TO 6/30/2010	I
I 16-7145	I	I
COUNTY:	DUBUQUE	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	418	2,865	287
2 UNDUPLICATED CENSUS COUNT		819.00	113.00	277.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	3,570
2 UNDUPLICATED CENSUS COUNT	1,209.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	20.00	20.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5 OTHER ADMINISTRATIVE PERSONEL		
6 DIRECTING NURSING SERVICE	13.00	13.00
7 NURSING SUPERVISOR		
8 PHYSICAL THERAPY SERVICE	3.00	3.00
9 PHYSICAL THERAPY SUPERVISOR		
10 OCCUPATIONAL THERAPY SERVICE	1.00	1.00
11 OCCUPATIONAL THERAPY SUPERVISOR		
12 SPEECH PATHOLOGY SERVICE		
13 SPEECH PATHOLOGY SUPERVISOR		
14 MEDICAL SOCIAL SERVICE		
15 MEDICAL SOCIAL SERVICE SUPERVISOR		
16 HOME HEALTH AIDE	3.00	3.00
17 HOME HEALTH AIDE SUPERVISOR		
18 DME		
18.01 RESPIRATORY THERAPY	5.00	5.00
18.02		

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	2200	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4

21 SKILLED NURSING VISITS	5,366	73	164	188
22 SKILLED NURSING VISIT CHARGES	686,848	9,344	20,992	24,064
23 PHYSICAL THERAPY VISITS	2,113	0	38	67
24 PHYSICAL THERAPY VISIT CHARGES	325,388	0	5,852	10,318
25 OCCUPATIONAL THERAPY VISITS	479	0	3	18
26 OCCUPATIONAL THERAPY VISIT CHARGES	73,766	0	462	2,772
27 SPEECH PATHOLOGY VISITS	5	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	770	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	6	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	118	0	0	0
31 HOME HEALTH AIDE VISITS	470	0	0	14
32 HOME HEALTH AIDE VISIT CHARGES	31,490	0	0	938
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,439	73	205	287
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,118,380	9,344	27,306	38,092
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	739	0	68	28
37 TOTAL NUMBER OF OUTLIER EPISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	27,421	5,928	1,255	355



HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET S-4
I	HHA NO:	I	TO 6/30/2010	I	
I	16-7145	I		I	
	COUNTY:		DUBUQUE		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON  
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,791
22 SKILLED NURSING VISIT CHARGES	0	0	741,248
23 PHYSICAL THERAPY VISITS	0	0	2,218
24 PHYSICAL THERAPY VISIT CHARGES	0	0	341,558
25 OCCUPATIONAL THERAPY VISITS	0	0	500
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	77,000
27 SPEECH PATHOLOGY VISITS	0	0	5
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	770
29 MEDICAL SOCIAL SERVICE VISITS	0	0	6
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	118
31 HOME HEALTH AIDE VISITS	0	0	484
32 HOME HEALTH AIDE VISIT CHARGES	0	0	32,428
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	9,004
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,193,122
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	835
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	34,959

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET S-7
I		I	TO 6/30/2010	I	

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO RATE	10/1 DAYS	SERVICES ON/AFTER RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		34				
2	RUB		11				
3	RUA						
3 .01	RUX		91				
3 .02	RUL		14				
4	RVC		141				
5	RVB		31				
6	RVA						
6 .01	RVX		968				
6 .02	RVL		72				
7	RHC		117				
8	RHB		6				
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC		27				
11	RMB						
12	RMA						
12 .01	RMX		2,551				
12 .02	RML		310				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		132				
16	SE2		159				
17	SE1						
18	SSC						
19	SSB						
20	SSA		76				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		3				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD1						
45 .23	CD1						
46	TOTAL		4,743				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal

Wage Index Factor (before 10/01): 0.8380

Wage Index Factor (after 10/01) : 0.8869

SNF Facility Specific Rate : 0.00

Urban/Rural Designation : URBAN

SNF MSA Code : 2200

SNF CBSA Code : 20220

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			
45 .16	LC2			
45 .17	LC1			
45 .18	LB2			

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF		TOTAL
		RUGs	DAYS	DAYS	DAYS	
1	2	4.05		4.06		5
45 .19 LB1						
45 .20 CE2						
45 .21 CE1						
45 .22 CD1						
45 .23 CD1						
46 TOTAL						

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11,2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

worksheet S-2 reference data:

Transition Period	:	100% Federal
Wage Index Factor (before 10/01):	:	0.8380
Wage Index Factor (after 10/01) :	:	0.8869
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	2200
SNF CBSA Code	:	20220

## HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

## DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17	REVENUE FROM UNCOMPENSATED CARE	6,095,163
17.01	GROSS MEDICAID REVENUES	5,171,638
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	206,347
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,473,148

UNCOMPENSATED CARE COST

23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	965,573
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.344026
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	332,182
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,371,907

## HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET S-10
I		I	TO 6/30/2010	I	
I		I		I	

## DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,976,388
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	596,261
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	205,129
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,308,570

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,342,095	3,342,095	-1,728,612	1,613,483
3.01	0301 NEW CAP REL COSTS-47 BLDG				758,112	758,112
3.02	0302 NEW CAP REL COSTS-DYERSVILLE				127,852	127,852
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA				193,255	193,255
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE				2,836	2,836
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING				10,465	10,465
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER				88,272	88,272
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES				6,859	6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK				68,680	68,680
3.09	0309 NEW CAP REL COSTS-97 BUILDING				1,019,062	1,019,062
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC				1,704	1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC				634	634
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY				47,888	47,888
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,452,366	5,452,366
5	0500 EMPLOYEE BENEFITS	327,001	95,535	422,536	-2,846	419,690
5.01	0501 CHILD CARE	669,050	331,563	1,000,613	-5,988	994,625
6.01	0610 COMMUNICATIONS	192,339	105,796	298,135	-1,373	296,762
6.02	0611 PURCHASING	185,248	476,777	662,025	-375	661,650
6.03	0612 PFS/COLLECTION	640,232	1,117,811	1,758,043	-828	1,757,215
6.04	0601 OTHER A & G	784,093	11,509,895	12,293,988	-2,380,467	9,913,521
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL					
7	0700 MAINTENANCE & REPAIRS	1,097,858	4,225,051	5,322,909	-43,142	5,279,767
8	0800 OPERATION OF PLANT		122,531	122,531	-14,700	107,831
9	0900 LAUNDRY & LINEN SERVICE	510,688	581,434	1,092,122	-54,174	1,037,948
10	1000 HOUSEKEEPING	1,012,187	625,150	1,637,337	-48,155	1,589,182
11	1100 DIETARY	1,412,509	1,448,216	2,860,725	-21,191	2,839,534
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	992,872	781,664	1,774,536	-6,062	1,768,474
15	1500 CENTRAL SERVICES & SUPPLY	344,113	184,048	528,161	-38,157	490,004
16	1600 PHARMACY	1,534,909	700,392	2,235,301	-100,512	2,134,789
17	1700 MEDICAL RECORDS & LIBRARY	1,979,682	692,790	2,672,472	-3,954	2,668,518
18	1800 SOCIAL SERVICE	205,337	62,008	267,345		267,345
19	1950 CENTRAL STERILIZATION	237,435	199,341	436,776	-38,247	398,529
20	2000 NONPHYSICIAN ANESTHETISTS				387,910	387,910
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,269,248	3,037,939	10,307,187	-1,358,981	8,948,206
26	2600 INTENSIVE CARE UNIT	1,168,597	500,974	1,669,571	-84,640	1,584,931
31	3100 SUBPROVIDER	392,804	204,926	597,730	-1,656	596,074
31.01	3101 SUBPROVIDER-PSYCH	1,379,419	410,839	1,790,258	-11,985	1,778,273
33	3300 NURSERY	574,198	223,911	798,109	459,793	1,257,902
34	3400 SKILLED NURSING FACILITY	1,192,392	496,192	1,688,584	-45,968	1,642,616
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,882,857	11,154,906	14,037,763	-8,658,195	5,379,568
38	3800 RECOVERY ROOM	1,528,629	631,964	2,160,593	-112,999	2,047,594
39	3900 DELIVERY ROOM & LABOR ROOM				675,811	675,811
40	4000 ANESTHESIOLOGY	54,804	751,516	806,320	-620,358	185,962
41	4100 RADIOLOGY-DIAGNOSTIC	1,684,417	1,481,201	3,165,618	-350,973	2,814,645
41.01	4101 MAGNETIC RES. IMAGING	153,970	429,689	583,659	-343,924	239,735
44	4400 LABORATORY		4,860,773	4,860,773	-235	4,860,538
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,102,469	1,102,469	-1,646	1,100,823
49	4900 RESPIRATORY THERAPY	798,715	491,736	1,290,451	-56,912	1,233,539
50	5000 PHYSICAL THERAPY	1,884,110	696,459	2,580,569	-30,166	2,550,403
53	5300 ELECTROCARDIOLOGY	702,309	4,496,987	5,199,296	-3,734,797	1,464,499
54	5400 ELECTROENCEPHALOGRAPHY	277,756	122,920	400,676	-24,329	376,347
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		131,111	131,111	2,381,589	2,512,700
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				8,998,970	8,998,970
56	5600 DRUGS CHARGED TO PATIENTS		3,690,868	3,690,868	372,294	4,063,162
59	3020 CARDIAC REHAB	266,413	89,097	355,510	-3,355	352,155
59.01	3021 BEHAVIORAL OUTPATIENT	178,654	81,806	260,460	-53	260,407
59.02	3022 SHOCK THERAPY	24,417	17,456	41,873	-2,513	39,360
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,482,892	1,443,756	2,926,648	-95,802	2,830,846
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
68	5950 PURCHASED DIALYSIS SERVICES		188,275	188,275	-59	188,216
71	7100 HOME HEALTH AGENCY	2,016,168	1,630,816	3,646,984	-36,643	3,610,341
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		929,356	929,356	-929,356	
89	8900 UTILIZATION REVIEW-SNF				4,265	4,265
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	38,038,322	65,900,039	103,938,361	64,289	104,002,650
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 OAKCREST NH	888,254	388,212	1,276,466	-9,974	1,266,492
96.02	9602 SHARED SERVICES	476,862	108,269	585,131	-186	584,945
96.03	9603 MATERNAL HEALTH SERVICES	89,464	78,749	168,213	-94	168,119
96.04	9604 CAFETERIA VISITORS					
96.05	9605 TV SERVICE				30,898	30,898
96.06	9606 FUND DEVELOPMENT	266,816	317,927	584,743	200,012	784,755
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 KENNEDY LIVING CENTER	548,112	179,622	727,734		727,734
100.02	7952 OCCUPATIONAL HEALTH SERVICES	50,707	139,591	190,298	-644	189,654
100.03	7953 RENTAL PROPERTIES		8,682	8,682	14,700	23,382
100.04	7954 AUXILIARY					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET A
I	I TO 6/30/2010	I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
100.05 7955	COMMUNITY EDUC/OUTSIDE LAUNDRY	97,462	32,419	129,881		129,881
100.06 7956	RURAL OUTREACH PROGRAM	38,518	36,990	75,508		75,508
100.07 7957	BAD DEBT EXPENSE		2,893,605	2,893,605		2,893,605
100.08 7958	LIFELINE	17,532	19,025	36,557		36,557
100.09 7959	MMC DYERSVILLE	2,255,574	2,561,258	4,816,832	-77,023	4,739,809
100.10 7960	CCH ELKADER	199,355	43,007	242,362		242,362
100.11 7961	RETAIL PHARMACY	423	23,453,034	23,453,457	-221,978	23,231,479
100.12 7962	IDLE SPACE					
101	TOTAL	42,967,401	96,160,429	139,127,830	-0-	139,127,830



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-672,915	940,568
3.01	0301 NEW CAP REL COSTS-47 BLDG		758,112
3.02	0302 NEW CAP REL COSTS-DYERSVILLE		127,852
3.03	0303 NEW CAP REL COSTS-PROF ARTS PLAZA		193,255
3.04	0304 NEW CAP REL COSTS-ASBURY SQUARE		2,836
3.05	0305 NEW CAP REL COSTS-MED ARTS BUILDING		10,465
3.06	0306 NEW CAP REL COSTS-ENERGY CENTER		88,272
3.07	0307 NEW CAP REL COSTS-RENTAL PROPERTIES		6,859
3.08	0308 NEW CAP REL COSTS-PARKING DECK		68,680
3.09	0309 NEW CAP REL COSTS-97 BUILDING		1,019,062
3.10	0310 NEW CAP REL COSTS-BELLEVUE CLINIC		1,704
3.11	0311 NEW CAP REL COSTS-CASCADE CLINIC		634
3.12	0312 NEW CAP REL COSTS-RETAIL PHARMACY		47,888
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	293,684	5,746,050
5	0500 EMPLOYEE BENEFITS	1,733,324	2,153,014
5.01	0501 CHILD CARE	-770,667	223,958
6.01	0610 COMMUNICATIONS	-34,613	262,149
6.02	0611 PURCHASING		661,650
6.03	0612 PFS/COLLECTION		1,757,215
6.04	0601 OTHER A & G	-740,384	9,173,137
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL		
7	0700 MAINTENANCE & REPAIRS		5,279,767
8	0800 OPERATION OF PLANT		107,831
9	0900 LAUNDRY & LINEN SERVICE		1,037,948
10	1000 HOUSEKEEPING		1,589,182
11	1100 DIETARY	-914,388	1,925,146
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-27,699	1,740,775
15	1500 CENTRAL SERVICES & SUPPLY		490,004
16	1600 PHARMACY		2,134,789
17	1700 MEDICAL RECORDS & LIBRARY	-85,599	2,582,919
18	1800 SOCIAL SERVICE		267,345
19	1950 CENTRAL STERILIZATION		398,529
20	2000 NONPHYSICIAN ANESTHETISTS	-387,910	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-370,395	8,577,811
26	2600 INTENSIVE CARE UNIT		1,584,931
31	3100 SUBPROVIDER	-5,181	590,893
31.01	3101 SUBPROVIDER-PSYCH		1,778,273
33	3300 NURSERY	-979	1,256,923
34	3400 SKILLED NURSING FACILITY		1,642,616
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-18,638	5,360,930
38	3800 RECOVERY ROOM	-1,895	2,045,699
39	3900 DELIVERY ROOM & LABOR ROOM		675,811
40	4000 ANESTHESIOLOGY		185,962
41	4100 RADIOLOGY-DIAGNOSTIC	-25,199	2,789,446
41.01	4101 MAGNETIC RES. IMAGING		239,735
44	4400 LABORATORY	-1,283,763	3,576,775
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,100,823
49	4900 RESPIRATORY THERAPY		1,233,539
50	5000 PHYSICAL THERAPY	-2,207	2,548,196
53	5300 ELECTROCARDIOLOGY		1,464,499
54	5400 ELECTROENCEPHALOGRAPHY		376,347
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-192	2,512,508
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		8,998,970
56	5600 DRUGS CHARGED TO PATIENTS	-74,317	3,988,845
59	3020 CARDIAC REHAB		352,155
59.01	3021 BEHAVIORAL OUTPATIENT	-9,815	250,592
59.02	3022 SHOCK THERAPY		39,360
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-730,109	2,100,737
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
68	5950 PURCHASED DIALYSIS SERVICES		188,216
71	7100 HOME HEALTH AGENCY	106,153	3,716,494
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF	-4,265	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-4,027,969	99,974,681
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 OAKCREST NH		1,266,492
96.02	9602 SHARED SERVICES		584,945
96.03	9603 MATERNAL HEALTH SERVICES		168,119
96.04	9604 CAFETERIA VISITORS		
96.05	9605 TV SERVICE		30,898
96.06	9606 FUND DEVELOPMENT		784,755
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 KENNEDY LIVING CENTER		727,734
100.02	7952 OCCUPATIONAL HEALTH SERVICES		189,654
100.03	7953 RENTAL PROPERTIES		23,382
100.04	7954 AUXILIARY		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
100.05 7955	COMMUNITY EDUC/OUTSIDE LAUNDRY		129,881
100.06 7956	RURAL OUTREACH PROGRAM		75,508
100.07 7957	BAD DEBT EXPENSE	-2,893,605	
100.08 7958	LIFELINE		36,557
100.09 7959	MMC DYERSVILLE		4,739,809
100.10 7960	CCH ELKADER		242,362
100.11 7961	RETAIL PHARMACY	-19,761	23,211,718
100.12 7962	IDLE SPACE		
101	TOTAL	-6,941,335	132,186,495

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-47 BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-DYERSVILLE	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-ASBURY SQUARE	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-ENERGY CENTER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-PARKING DECK	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-97 BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-CASCADE CLINIC	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	0312	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE	0501	EMPLOYEE BENEFITS
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	PURCHASING	0611	NONPATIENT TELEPHONES
6.03	PFS/COLLECTION	0612	NONPATIENT TELEPHONES
6.04	OTHER A & G	0601	NONPATIENT TELEPHONES
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL STERILIZATION	1950	
20	NONPHYSICIAN ANESTHETISTS	2000	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RES. IMAGING	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CARDIAC REHAB	3020	ACUPUNCTURE
59.01	BEHAVIORAL OUTPATIENT	3021	ACUPUNCTURE
59.02	SHOCK THERAPY	3022	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
68	PURCHASED DIALYSIS SERVICES	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	OAKCREST NH	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	SHARED SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MATERNAL HEALTH SERVICES	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	CAFETERIA VISITORS	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	TV SERVICE	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	FUND DEVELOPMENT	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	KENNEDY LIVING CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	AUXILIARY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	7955	OTHER NONREIMBURSABLE COST CENTERS

## COST CENTERS USED IN COST REPORT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	NOT A CMS WORKSHEET
I		I	TO 6/30/2010	I	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.06	RURAL OUTREACH PROGRAM	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	BAD DEBT EXPENSE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	LIFELINE	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	MMC DYERSVILLE	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	CCH ELKADER	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	RETAIL PHARMACY	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	IDLE SPACE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

## RECLASSIFICATIONS

 PROVIDER NO:  
160069

 PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

 PREPARED 11/29/2010  
WORKSHEET A-6

		INCREASE		
EXPLANATION OF RECLASSIFICATION	CODE	LINE		OTHER
	(1) COST CENTER	NO	SALARY	
	1	3	4	5
1 EQUIPMENT DEPRECIATION	A NEW CAP REL COSTS-MVBLE EQUIP	4		5,452,366
2				
3				
4				
5				
6				
7				
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12				
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30				
31				
32				
33				
34				
35				
1 EQUIPMENT DEPRECIATION	A			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11 DEPRECIATION TO INDIVIDUAL BUILDING	B NEW CAP REL COSTS-47 BLDG	3.01		720,320
	NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		181,182
	NEW CAP REL COSTS-ASBURY SQUARE	3.04		2,836
	NEW CAP REL COSTS-ENERGY CENTER	3.06		85,822
	NEW CAP REL COSTS-RENTAL PROPERTIES	3.07		6,859
	NEW CAP REL COSTS-PARKING DECK	3.08		68,680
	NEW CAP REL COSTS-97 BUILDING	3.09		1,000,990
	NEW CAP REL COSTS-BELLEVUE CLINIC	3.10		1,704
	NEW CAP REL COSTS-CASCADE CLINIC	3.11		634
	NEW CAP REL COSTS-RETAIL PHARMACY	3.12		47,888
	NEW CAP REL COSTS-DYERSVILLE	3.02		115,779
	NEW CAP REL COSTS-MED ARTS BUILDING	3.05		7,557
23 PROPERTY INS. TO BLDG DEPRECIATION	C NEW CAP REL COSTS-BLDG & FIXT	3		45,300
	NEW CAP REL COSTS-47 BLDG	3.01		37,792
	NEW CAP REL COSTS-PROF ARTS PLAZA	3.03		12,073
	NEW CAP REL COSTS-ENERGY CENTER	3.06		2,450
	NEW CAP REL COSTS-97 BUILDING	3.09		18,072
	NEW CAP REL COSTS-DYERSVILLE	3.02		12,073
	NEW CAP REL COSTS-MED ARTS BUILDING	3.05		2,908
30 BLDG DEPRECIATION IN COST CENTER	D NEW CAP REL COSTS-BLDG & FIXT	3		38,072
31 MAINTENANCE TO TV SERVICE	E TV SERVICE	96.05	6,452	
	TV SERVICE	96.05		24,446
33 CRNA FEES TO NON PHYSICIAN	F NONPHYSICIAN ANESTHETISTS	20		387,910
34 PAP PROPERTY TAXES	G RENTAL PROPERTIES	100.03		14,700
35 NON ALLOWABLE ADVERTISING	H FUND DEVELOPMENT	96.06	185,854	14,218

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
160069	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 SNF UTILIZATION REVIEW COST	I	UTILIZATION REVIEW-SNF	89	4,265
2 BIRTH CENTER COSTS	J	NURSERY	33	31,913
3		DELIVERY ROOM & LABOR ROOM	39	45,676
4 GENERAL INSURANCE TO A AND G	K	OTHER A & G	6.04	501,089
5 RECLASS INTEREST EXPENSE	L	NEW CAP REL COSTS-BLDG & FIXT	3	929,356
6 MEDICAL SUPPLIES TO PATIENTS	N	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	344,181
7		CARDIAC REHAB	59	277
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24 DRUGS TO PATIENTS	O	DRUGS CHARGED TO PATIENTS	56	372,294
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 DRUGS TO PATIENTS	O			
2				
3				
4				
5				
6				
7				
8				
9				
10 RECLASS INC TAX ACCR AND BAD DEBTS	P	OTHER A & G	6.04	119,000
11 IMPLANTABLE SUPPLIES	Q	IMPL. DEV. CHARGED TO PATIENT	55.30	8,998,970
12				
13 MEDICAL SUPPLIES TO PATIENTS	R	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	2,102,276
14				
15				
36 TOTAL RECLASSIFICATIONS				1,262,706 21,751,928

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

 PROVIDER NO:  
160069

 PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

 PREPARED 11/29/2010  
WORKSHEET A-6

----- DECREASE -----					A-7 REF
EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	LINE NO	SALARY	OTHER	
1	6	7	8	9	10
1 EQUIPMENT DEPRECIATION	A	5		2,846	9
2		5.01		5,988	9
3		6.01		1,373	9
4		6.02		375	9
5		6.03		828	9
6		6.04		2,669,816	9
7		7		12,244	9
8		9		54,174	9
9		10		48,155	9
10		11		21,191	9
11		14		6,062	
12		15		38,157	9
13		16		100,512	9
14		17		3,954	
15		19		38,247	9
16		25		60,673	9
17		26		37,018	9
18		31		795	9
19		31.01		11,985	9
20		33		1,615	9
21		34		11,343	9
22		37		437,401	9
23		38		546	9
24		40		96,360	9
25		41		341,880	9
26		41.01		343,714	9
27		44		235	9
28		47		1,646	9
29		49		54,971	9
30		50		15,206	9
31		53		713,424	9
32		54		24,321	9
33		55		64,591	9
34		38		22,108	9
35		59		3,621	9
1 EQUIPMENT DEPRECIATION	A	59.01		53	9
2		59.02		2,182	9
3		61		37,008	9
4		71		14,394	9
5		96.01		8,535	9
6		96.02		186	
7		96.06		60	9
8		100.02		644	9
9		100.09		77,023	9
10		100.11		64,906	9
11 DEPRECIATION TO INDIVIDUAL BUILDING	B	3		2,240,251	9
12					9
13					9
14					9
15					9
16					9
17					9
18					9
19					9
20					9
21					9
22					9
23 PROPERTY INS. TO BLDG DEPRECIATION	C	6.04		130,668	12
24					12
25					12
26					12
27					12
28					12
29					12
30 BLDG DEPRECIATION IN COST CENTER	D	100.11		38,072	9
31 MAINTENANCE TO TV SERVICE	E	7	6,452		
32		7		24,446	
33 CRNA FEES TO NON PHYSICIAN	F	40		387,910	
34 PAP PROPERTY TAXES	G	8		14,700	
35 NON ALLOWABLE ADVERTISING	H	6.04	185,854	14,218	

## RECLASSIFICATIONS

PROVIDER NO:  
160069PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010PREPARED 11/29/2010  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 SNF UTILIZATION REVIEW COST	I	SKILLED NURSING FACILITY	34			4,265	
2 BIRTH CENTER COSTS	J	ADULTS & PEDIATRICS	25		1,070,400	77,589	
3							
4 GENERAL INSURANCE TO A AND G	K	NEW CAP REL COSTS-BLDG & FIXT	3			501,089	9
5 RECLASS INTEREST EXPENSE	L	INTEREST EXPENSE	88			929,356	11
6 MEDICAL SUPPLIES TO PATIENTS	N	ADULTS & PEDIATRICS	25			56,936	
7		INTENSIVE CARE UNIT	26			23,032	
8		SUBPROVIDER	31			320	
9		NURSERY	33			7,918	
10		SKILLED NURSING FACILITY	34			18,934	
11		OPERATING ROOM	37			94,976	
12		RECOVERY ROOM	38			1,342	
13		ANESTHESIOLOGY	40			46,391	
14		RADIOLOGY-DIAGNOSTIC	41			4,653	
15		RESPIRATORY THERAPY	49			863	
16		PHYSICAL THERAPY	50			14,411	
17		ELECTROCARDIOLOGY	53			4,984	
18		RECOVERY ROOM	38			19,622	
19		EMERGENCY	61			26,950	
20		PURCHASED DIALYSIS SERVICES	68			59	
21		HOME HEALTH AGENCY	71			21,830	
22		OAKCREST NH	96.01			960	
23		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			277	
24 DRUGS TO PATIENTS	O	ADULTS & PEDIATRICS	25			93,383	
25		INTENSIVE CARE UNIT	26			24,590	
26		SUBPROVIDER	31			541	
27		NURSERY	33			2,852	
28		SKILLED NURSING FACILITY	34			11,426	
29		OPERATING ROOM	37			31,947	
30		RECOVERY ROOM	38			15,699	
31		ANESTHESIOLOGY	40			81,248	
32		RADIOLOGY-DIAGNOSTIC	41			4,440	
33		MAGNETIC RES. IMAGING	41.01			210	
34		RESPIRATORY THERAPY	49			1,078	
35		PHYSICAL THERAPY	50			549	
1 DRUGS TO PATIENTS	O	ELECTROCARDIOLOGY	53			17,463	
2		ELECTROENCEPHALOGRAPHY	54			8	
3		RECOVERY ROOM	38			53,682	
4		CARDIAC REHAB	59			11	
5		SHOCK THERAPY	59.02			331	
6		EMERGENCY	61			31,844	
7		HOME HEALTH AGENCY	71			419	
8		OAKCREST NH	96.01			479	
9		MATERNAL HEALTH SERVICES	96.03			94	
10 RECLASS INC TAX ACCR AND BAD DEBTS	P	RETAIL PHARMACY	100.11			119,000	
11 IMPLANTABLE SUPPLIES	Q	ELECTROCARDIOLOGY	53			2,614,621	
12		OPERATING ROOM	37			6,384,349	
13 MEDICAL SUPPLIES TO PATIENTS	R	ELECTROCARDIOLOGY	53			384,305	
14		OPERATING ROOM	37			1,709,522	
15		ANESTHESIOLOGY	40			8,449	
36 TOTAL RECLASSIFICATIONS					1,262,706	21,751,928	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.



## RECLASSIFICATIONS

 PROVIDER NO:  
160069

 PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

 PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : EQUIPMENT DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,452,366	EMPLOYEE BENEFITS	5	2,846	
2.00			0	CHILD CARE	5.01	5,988	
3.00			0	COMMUNICATIONS	6.01	1,373	
4.00			0	PURCHASING	6.02	375	
5.00			0	PFS/COLLECTION	6.03	828	
6.00			0	OTHER A & G	6.04	2,669,816	
7.00			0	MAINTENANCE & REPAIRS	7	12,244	
8.00			0	LAUNDRY & LINEN SERVICE	9	54,174	
9.00			0	HOUSEKEEPING	10	48,155	
10.00			0	DIETARY	11	21,191	
11.00			0	NURSING ADMINISTRATION	14	6,062	
12.00			0	CENTRAL SERVICES & SUPPLY	15	38,157	
13.00			0	PHARMACY	16	100,512	
14.00			0	MEDICAL RECORDS & LIBRARY	17	3,954	
15.00			0	CENTRAL STERILIZATION	19	38,247	
16.00			0	ADULTS & PEDIATRICS	25	60,673	
17.00			0	INTENSIVE CARE UNIT	26	37,018	
18.00			0	SUBPROVIDER	31	795	
19.00			0	SUBPROVIDER-PSYCH	31.01	11,985	
20.00			0	NURSERY	33	1,615	
21.00			0	SKILLED NURSING FACILITY	34	11,343	
22.00			0	OPERATING ROOM	37	437,401	
23.00			0	RECOVERY ROOM	38	546	
24.00			0	ANESTHESIOLOGY	40	96,360	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	341,880	
26.00			0	MAGNETIC RES. IMAGING	41.01	343,714	
27.00			0	LABORATORY	44	235	
28.00			0	BLOOD STORING, PROCESSING & TR	47	1,646	
29.00			0	RESPIRATORY THERAPY	49	54,971	
30.00			0	PHYSICAL THERAPY	50	15,206	
31.00			0	ELECTROCARDIOLOGY	53	713,424	
32.00			0	ELECTROENCEPHALOGRAPHY	54	24,321	
33.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	64,591	
34.00			0	RECOVERY ROOM	38	22,108	
35.00			0	CARDIAC REHAB	59	3,621	
36.00			0	BEHAVIORAL OUTPATIENT	59.01	53	
37.00			0	SHOCK THERAPY	59.02	2,182	
38.00			0	EMERGENCY	61	37,008	
39.00			0	HOME HEALTH AGENCY	71	14,394	
40.00			0	OAKCREST NH	96.01	8,535	
41.00			0	SHARED SERVICES	96.02	186	
42.00			0	FUND DEVELOPMENT	96.06	60	
43.00			0	OCCUPATIONAL HEALTH SERVICES	100.02	644	
44.00			0	MMC DYERSVILLE	100.09	77,023	
45.00			0	RETAIL PHARMACY	100.11	64,906	
TOTAL RECLASSIFICATIONS FOR CODE A			5,452,366				5,452,366

RECLASS CODE: B

EXPLANATION : DEPRECIATION TO INDIVIDUAL BUILDING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-47 BLDG	3.01	720,320	NEW CAP REL COSTS-BLDG & FIXT	3	2,240,251	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	181,182			0	
4.00	NEW CAP REL COSTS-ASBURY SQUAR	3.04	2,836			0	
5.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	85,822			0	
6.00	NEW CAP REL COSTS-RENTAL PROPE	3.07	6,859			0	
7.00	NEW CAP REL COSTS-PARKING DECK	3.08	68,680			0	
8.00	NEW CAP REL COSTS-97 BUILDING	3.09	1,000,990			0	
9.00	NEW CAP REL COSTS-BELLEVUE CLI	3.10	1,704			0	
10.00	NEW CAP REL COSTS-CASCADE CLIN	3.11	634			0	
11.00	NEW CAP REL COSTS-RETAIL PHARM	3.12	47,888			0	
12.00	NEW CAP REL COSTS-DYERSVILLE	3.02	115,779			0	
13.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	7,557			0	
TOTAL RECLASSIFICATIONS FOR CODE B			2,240,251				2,240,251

RECLASS CODE: C

EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	45,300	OTHER A & G	6.04	130,668	
2.00	NEW CAP REL COSTS-47 BLDG	3.01	37,792			0	

## RECLASSIFICATIONS

 PROVIDER NO:  
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 PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

 PREPARED 11/29/2010  
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NOT A CMS WORKSHEET

RECLASS CODE: C

EXPLANATION : PROPERTY INS. TO BLDG DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00	NEW CAP REL COSTS-PROF ARTS PL	3.03	12,073			0	
4.00	NEW CAP REL COSTS-ENERGY CENTE	3.06	2,450			0	
5.00	NEW CAP REL COSTS-97 BUILDING	3.09	18,072			0	
6.00	NEW CAP REL COSTS-DYERSVILLE	3.02	12,073			0	
7.00	NEW CAP REL COSTS-MED ARTS BUI	3.05	2,908			0	
TOTAL RECLASSIFICATIONS FOR CODE C			130,668			130,668	

RECLASS CODE: D

EXPLANATION : BLDG DEPRECIATION IN COST CENTER

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	38,072	RETAIL PHARMACY	100.11	38,072	
TOTAL RECLASSIFICATIONS FOR CODE D			38,072			38,072	

RECLASS CODE: E

EXPLANATION : MAINTENANCE TO TV SERVICE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TV SERVICE	96.05	6,452	MAINTENANCE & REPAIRS	7	6,452	
2.00	TV SERVICE	96.05	24,446	MAINTENANCE & REPAIRS	7	24,446	
TOTAL RECLASSIFICATIONS FOR CODE E			30,898			30,898	

RECLASS CODE: F

EXPLANATION : CRNA FEES TO NON PHYSICIAN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	387,910	ANESTHESIOLOGY	40	387,910	
TOTAL RECLASSIFICATIONS FOR CODE F			387,910			387,910	

RECLASS CODE: G

EXPLANATION : PAP PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL PROPERTIES	100.03	14,700	OPERATION OF PLANT	8	14,700	
TOTAL RECLASSIFICATIONS FOR CODE G			14,700			14,700	

RECLASS CODE: H

EXPLANATION : NON ALLOWABLE ADVERTISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND DEVELOPMENT	96.06	200,072	OTHER A & G	6.04	200,072	
TOTAL RECLASSIFICATIONS FOR CODE H			200,072			200,072	

RECLASS CODE: I

EXPLANATION : SNF UTILIZATION REVIEW COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW-SNF	89	4,265	SKILLED NURSING FACILITY	34	4,265	
TOTAL RECLASSIFICATIONS FOR CODE I			4,265			4,265	

RECLASS CODE: J

EXPLANATION : BIRTH CENTER COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	472,178	ADULTS & PEDIATRICS	25	1,147,989	
2.00	DELIVERY ROOM & LABOR ROOM	39	675,811			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,147,989			1,147,989	

RECLASS CODE: K

EXPLANATION : GENERAL INSURANCE TO A AND G

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER A & G	6.04	501,089	NEW CAP REL COSTS-BLDG & FIXT	3	501,089	
TOTAL RECLASSIFICATIONS FOR CODE K			501,089			501,089	

## RECLASSIFICATIONS

 PROVIDER NO:  
160069

 PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

 PREPARED 11/29/2010  
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RECLASS CODE: L

EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	929,356
TOTAL RECLASSIFICATIONS FOR CODE L			929,356

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	929,356	
		929,356	

RECLASS CODE: N

EXPLANATION : MEDICAL SUPPLIES TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	344,181
2.00	CARDIAC REHAB	59	277
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			344,458

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	56,936	
INTENSIVE CARE UNIT	26	23,032	
SUBPROVIDER	31	320	
NURSERY	33	7,918	
SKILLED NURSING FACILITY	34	18,934	
OPERATING ROOM	37	94,976	
RECOVERY ROOM	38	1,342	
ANESTHESIOLOGY	40	46,391	
RADIOLOGY-DIAGNOSTIC	41	4,653	
RESPIRATORY THERAPY	49	863	
PHYSICAL THERAPY	50	14,411	
ELECTROCARDIOLOGY	53	4,984	
RECOVERY ROOM	38	19,622	
EMERGENCY	61	26,950	
PURCHASED DIALYSIS SERVICES	68	59	
HOME HEALTH AGENCY	71	21,830	
OAKCREST NH	96.01	960	
MEDICAL SUPPLIES CHARGED TO PA	55	277	
		344,458	

RECLASS CODE: O

EXPLANATION : DRUGS TO PATIENTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	372,294
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			372,294

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	93,383	
INTENSIVE CARE UNIT	26	24,590	
SUBPROVIDER	31	541	
NURSERY	33	2,852	
SKILLED NURSING FACILITY	34	11,426	
OPERATING ROOM	37	31,947	
RECOVERY ROOM	38	15,699	
ANESTHESIOLOGY	40	81,248	
RADIOLOGY-DIAGNOSTIC	41	4,440	
MAGNETIC RES. IMAGING	41.01	210	
RESPIRATORY THERAPY	49	1,078	
PHYSICAL THERAPY	50	549	
ELECTROCARDIOLOGY	53	17,463	
ELECTROENCEPHALOGRAPHY	54	8	
RECOVERY ROOM	38	53,682	
CARDIAC REHAB	59	11	
SHOCK THERAPY	59.02	331	
EMERGENCY	61	31,844	
HOME HEALTH AGENCY	71	419	
OAKCREST NH	96.01	479	
MATERNAL HEALTH SERVICES	96.03	94	
		372,294	

RECLASS CODE: P

EXPLANATION : RECLASS INC TAX ACCR AND BAD DEBTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER A & G	6.04	119,000
TOTAL RECLASSIFICATIONS FOR CODE P			119,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RETAIL PHARMACY	100.11	119,000	
		119,000	

RECLASS CODE: Q

EXPLANATION : IMPLANTABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	8,998,970
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE Q			8,998,970

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ELECTROCARDIOLOGY	53	2,614,621	
OPERATING ROOM	37	6,384,349	
		8,998,970	

## RECLASSIFICATIONS

PROVIDER NO:  
160069

PERIOD:

FROM 7/ 1/2009

TO 6/30/2010

PREPARED 11/29/2010

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: R

EXPLANATION : MEDICAL SUPPLIES TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,102,276	ELECTROCARDIOLOGY	53	384,305	
2.00			0	OPERATING ROOM	37	1,709,522	
3.00			0	ANESTHESIOLOGY	40	8,449	
TOTAL RECLASSIFICATIONS FOR CODE R			2,102,276			2,102,276	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	2,874,124					2,874,124	
2	LAND IMPROVEMENTS	3,476,317					3,476,317	2,632,578
3	BUILDINGS & FIXTURE	45,170,522	2,120,228		2,120,228		47,290,750	14,575,730
4	BUILDING IMPROVEMEN	33,655,309	4,266,670		4,266,670	622,606	37,299,373	14,376,706
5	FIXED EQUIPMENT	2,472,771					2,472,771	1,056,619
6	MOVABLE EQUIPMENT	48,630,028	2,859,278		2,859,278	756,940	50,732,366	28,883,712
7	SUBTOTAL	136,279,071	9,246,176		9,246,176	1,379,546	144,145,701	61,525,345
8	RECONCILING ITEMS							
9	TOTAL	136,279,071	9,246,176		9,246,176	1,379,546	144,145,701	61,525,345

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
DESCRIPTION

	GROSS ASSETS	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
	1	2	3	4	5	6	7
* NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-47							
3 02 NEW CAP REL COSTS-DY							
3 03 NEW CAP REL COSTS-PR							
3 04 NEW CAP REL COSTS-AS							
3 05 NEW CAP REL COSTS-ME							
3 06 NEW CAP REL COSTS-EN							
3 07 NEW CAP REL COSTS-RE							
3 08 NEW CAP REL COSTS-PA							
3 09 NEW CAP REL COSTS-97							
3 10 NEW CAP REL COSTS-BE							
3 11 NEW CAP REL COSTS-CA							
3 12 NEW CAP REL COSTS-RE							
4 NEW CAP REL COSTS-MV							
5 TOTAL			1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15
* NEW CAP REL COSTS-BL	554,050		341,218	45,300			940,568
3 01 NEW CAP REL COSTS-47	720,320			37,792			758,112
3 02 NEW CAP REL COSTS-DY	115,779			12,073			127,852
3 03 NEW CAP REL COSTS-PR	181,182			12,073			193,255
3 04 NEW CAP REL COSTS-AS	2,836						2,836
3 05 NEW CAP REL COSTS-ME	7,557			2,908			10,465
3 06 NEW CAP REL COSTS-EN	85,822			2,450			88,272
3 07 NEW CAP REL COSTS-RE	6,859						6,859
3 08 NEW CAP REL COSTS-PA	68,680						68,680
3 09 NEW CAP REL COSTS-97	1,000,990			18,072			1,019,062
3 10 NEW CAP REL COSTS-BE	1,704						1,704
3 11 NEW CAP REL COSTS-CA	634						634
3 12 NEW CAP REL COSTS-RE	47,888						47,888
4 NEW CAP REL COSTS-MV	5,746,050						5,746,050
5 TOTAL	8,540,351		341,218	130,668			9,012,237

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15
* NEW CAP REL COSTS-BL	3,342,095						3,342,095
3 01 NEW CAP REL COSTS-47							
3 02 NEW CAP REL COSTS-DY							
3 03 NEW CAP REL COSTS-PR							
3 04 NEW CAP REL COSTS-AS							
3 05 NEW CAP REL COSTS-ME							
3 06 NEW CAP REL COSTS-EN							
3 07 NEW CAP REL COSTS-RE							
3 08 NEW CAP REL COSTS-PA							
3 09 NEW CAP REL COSTS-97							
3 10 NEW CAP REL COSTS-BE							
3 11 NEW CAP REL COSTS-CA							
3 12 NEW CAP REL COSTS-RE							
4 NEW CAP REL COSTS-MV							
5 TOTAL	3,342,095						3,342,095

- \* All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET A-8  
I

DESCRIPTION (1)		(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	A	-2,033	COMMUNICATIONS	6.01	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,110,431			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	640,364			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES	B	-192	MEDICAL SUPPLIES CHARGED	55	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-74,317	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-85,214	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-15,072	DIETARY	11	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP	A	-4,265	UTILIZATION REVIEW-SNF	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST	A	-387,910	NONPHYSICIAN ANESTHETISTS	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37						
37.01						
37.02	CHILD CARE CENTER	B	-770,667	CHILD CARE	5.01	
37.03	EMPLOYEE ASSISTANCE	B	-33,050	EMPLOYEE BENEFITS	5	
37.04	TELEPHONE REVENUE-DUBUQUE	B	-31,275	COMMUNICATIONS	6.01	
37.05	TELEPHONE REVENUE -DYERSVILLE	B	-1,305	COMMUNICATIONS	6.01	
37.06	OTHER OPERATING INCOME	B	-108,583	OTHER A & G	6.04	
37.07	HEALTH EDUC BIRTH CENTER	B	-27,699	NURSING ADMINISTRATION	14	
37.08	HEALTH EDUCATION NON PATIENT	B	-385	MEDICAL RECORDS & LIBRARY	17	
37.09	BIRTH CENTER NICU	B	-80	NURSERY	33	
37.10	NEWBORN PHOTOGRAPHY	B	-899	NURSERY	33	
37.11	SURGICAL SUPPLIES/RENTALS	B	-18,638	OPERATING ROOM	37	
37.12	SALE OF X RAY SUPPLIES	B	-594	RADIOLOGY-DIAGNOSTIC	41	
37.13	NUTRITION DBQ	B	-117	DIETARY	11	
37.14	MISC. PT SERVICES	B	-2,207	PHYSICAL THERAPY	50	
37.15						
37.16	ER SVC DRUG TESTING	B	-25,174	EMERGENCY	61	
37.17	MASSAGE THERAPY	B	-1,895	RECOVERY ROOM	38	
37.18						
37.19	EMPLOYEE HEALTH & WELLNESS MISC	B	-10,000	EMPLOYEE BENEFITS	5	
37.20	NON-ALLOWABLE ADVERTISING	A	-372,052	OTHER A & G	6.04	
37.21	CAFETERIA EMPLOYEES-DUBUQUE	B	-899,199	DIETARY	11	
37.22						
37.23						
37.24	ATHLETIC TRAINER-MEDICAL ASSOCIATES	A	-30,000	OTHER A & G	6.04	
37.25	DONATIONS	A	-16,195	OTHER A & G	6.04	
37.26	TUITION ASSIST-PART TIME EMPLOYEES	A	-30,980	EMPLOYEE BENEFITS	5	
37.27	DUES-LOBBYING ALLOCATION	A	-26,300	OTHER A & G	6.04	
37.28	IC INT EXP TO EXTENT OF OPER INT INC	B	-588,138	NEW CAP REL COSTS-BLDG &	3	11
37.29	CHAMBER & CREATIVE TOUCH PURCH SERVI	A	-10,168	OTHER A & G	6.04	
37.30	BAD DEBT EXP. HOSPITAL	A	-2,893,605	BAD DEBT EXPENSE	100.07	
37.31	BAD DEBT EXP RETAIL PHARMACY	A	-19,761	RETAIL PHARMACY	100.11	
37.32	BAD DEBT EXP HOME HEALTH	A	106,153	HOME HEALTH AGENCY	71	
37.33						
37.34						
37.35	MORGUE FACILITIES	B	-175	LABORATORY	44	
37.36	SHARED SERVICES	B	-4,500	EMERGENCY	61	
38	LOSS ON SALE OF ASSETS	A	-84,777	NEW CAP REL COSTS-BLDG &	3	9
39	OTHER ADJUSTMENTS (SPECIFY)					
40	OTHER ADJUSTMENTS (SPECIFY)					
41	OTHER ADJUSTMENTS (SPECIFY)					
42	OTHER ADJUSTMENTS (SPECIFY)					
43	OTHER ADJUSTMENTS (SPECIFY)					
44	OTHER ADJUSTMENTS (SPECIFY)					
45	OTHER ADJUSTMENTS (SPECIFY)					
46	OTHER ADJUSTMENTS (SPECIFY)					
47	OTHER ADJUSTMENTS (SPECIFY)					
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,941,335				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).  
A. Costs - if cost, including applicable overhead, can be determined.  
B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7



A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION	293,684		293,684	
2	5	EMPLOYEE BENEFITS EMPLOYEE STOPLOSS INS	1,458,950	-1,048,161	2,507,111	
3	5	EMPLOYEE BENEFITS WORKMANS COMP	80,483	363,256	-282,773	
4	5	EMPLOYEE BENEFITS PENSION	3,206,016	3,623,000	-416,984	
4.01	6 4	OTHER A & G PROP LIAB, RISK INS	288,675	499,931	-211,256	
4.02	6 4	OTHER A & G CENTRAL ADMIN/ MAINT	5,856,949	5,313,140	543,809	
4.03	6 4	OTHER A & G INFORMATION SYSTEMS	4,590,636	5,100,275	-509,639	
4.04	44	LABORATORY UNITED CLINICAL LAB SERVI	3,570,777	4,854,365	-1,283,588	
4.05	88	INTEREST EXPENSE INTEREST-CORP BORROWING	929,356	929,356		
5		TOTALS	20,275,526	19,635,162	640,364	

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	TRINITY HEALTH	100.00	HOME OFFICE
2	C	0.00	UNITED CLINICAL LABAROTOR	33.00	CONSOLIDATED LAB SERVICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
  - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
  - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
  - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
  - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
  - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
  - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 16-0069  
I

I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010

I PREPARED 11/29/2010  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 31	REHAB	71,434		71,434	171,400	804	66,253	3,313
2 59	1 BEHAVIORIAL HEALTH MED DIR	21,667		21,667	142,500	173	11,852	593
4 61	TRAUMA COVERAGE	179,340	179,340		171,400			
5 61	TRAUMA-DIRECTOR	28,662		28,662	171,400	240	19,777	989
6 61	EMS ADMINISTRATION	139,200		139,200	171,400	800	65,923	3,296
7 61	ER COVERAGE	140,004	140,004		171,400			
8 61	ORTHO COVERAGE	253,929	253,929		171,400			
9 41	RADIATION	39,604		39,604	231,100	135	14,999	750
10 61	ON CALL CLINICAL	45,000	45,000		171,400			
11 25	HOSPITALIST	370,395	370,395		171,400			
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,289,235	988,668	300,567		2,152	178,804	8,941

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I 16-0069

I

I PERIOD:

I FROM 7/ 1/2009

I TO

6/30/2010

I PREPARED 11/29/2010

I WORKSHEET A-8-2

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	COL 12 13	COL 14 15	COL 14 15	16	17	18
1 31	REHAB					66,253	5,181	5,181
2 59	1 BEHAVIORIAL HEALTH MED DIR					11,852	9,815	9,815
4 61	TRAUMA COVERAGE							179,340
5 61	TRAUMA-DIRECTOR					19,777	8,885	8,885
6 61	EMS ADMINISTRATION					65,923	73,277	73,277
7 61	ER COVERAGE							140,004
8 61	ORTHO COVERAGE							253,929
9 41	RADIATION					14,999	24,605	24,605
10 61	ON CALL CLINICAL							45,000
11 25	HOSPITALIST							370,395
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					178,804	121,763	1,110,431

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	16	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-47 BLDG	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-DYERSVILLE	5	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-PROF ARTS PLAZA	3	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-ASBURY SQUARE	7	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-MED ARTS BUILDING	8	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-ENERGY CENTER	9	SQUARE	FEET	ENTERED
3.07	NEW CAP REL COSTS-RENTAL PROPERTIES	10	SQUARE	FEET	ENTERED
3.08	NEW CAP REL COSTS-PARKING DECK	11	SQUARE	FEET	ENTERED
3.09	NEW CAP REL COSTS-97 BUILDING	12	SQUARE	FEET	ENTERED
3.10	NEW CAP REL COSTS-BELLEVUE CLINIC	13	SQUARE	FEET	ENTERED
3.11	NEW CAP REL COSTS-CASCADE CLINIC	14	SQUARE	FEET	ENTERED
3.12	NEW CAP REL COSTS-RETAIL PHARMACY	15	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	17	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
5.01	CHILD CARE	19	PAYROLL	DEDUCTIONS	ENTERED
6.01	COMMUNICATIONS	20	DUBUQUE	PHONES	ENTERED
6.02	PURCHASING	22	PURCHASING	REQUISITIONS	ENTERED
6.03	PFS/COLLECTION	23	GROSS	CHARGES	ENTERED
6.04	OTHER A & G	#	ACCUM.	COST	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	24	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	24	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	28	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE	FEET	ENTERED
11	DIETARY	31	MEALS		ENTERED
12	CAFETERIA	35	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	37	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	PURCHASING	REQUISITIONS	ENTERED
16	PHARMACY	39	PHARMACY	REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	45	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	41	CASES		ENTERED
19	CENTRAL STERILIZATION	42	HOURS		ENTERED
20	NONPHYSICIAN ANESTHETISTS				NOT ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
		0	3	3.01	3.02	3.03	3.04	3.05
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &	940,568	940,568					
003 01	NEW CAP REL COSTS-47 BLDG	758,112		758,112				
003 02	NEW CAP REL COSTS-DYERSVI	127,852			127,852			
003 03	NEW CAP REL COSTS-PROF AR	193,255				193,255		
003 04	NEW CAP REL COSTS-ASBURY	2,836					2,836	
003 05	NEW CAP REL COSTS-MED ART	10,465						10,465
003 06	NEW CAP REL COSTS-ENERGY	88,272						
003 07	NEW CAP REL COSTS-RENTAL	6,859						
003 08	NEW CAP REL COSTS-PARKING	68,680						
003 09	NEW CAP REL COSTS-97 BUIL	1,019,062						
003 10	NEW CAP REL COSTS-BELLEVU	1,704						
003 11	NEW CAP REL COSTS-CASCADE	634						
003 12	NEW CAP REL COSTS-RETAIL	47,888						
004	NEW CAP REL COSTS-MVBLE E	5,746,050						
005	EMPLOYEE BENEFITS	2,153,014		12,284				
005 01	CHILD CARE	223,958				41,759		
006 01	COMMUNICATIONS	262,149		2,741				
006 02	PURCHASING	661,650	3,279					
006 03	PFS/COLLECTION	1,757,215	4,563					
006 04	OTHER A & G	9,173,137	135,435	183,111		28,054	2,025	
006 06	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	5,279,767	94,353	83,760		1,048		
008	OPERATION OF PLANT	107,831	3,520					
009	LAUNDRY & LINEN SERVICE	1,037,948	2,441	49,760				
010	HOUSEKEEPING	1,589,182	20,664	1,936		1,100		
011	DIETARY	1,925,146	56,021					
012	CAFETERIA							
014	NURSING ADMINISTRATION	1,740,775		15,819				
015	CENTRAL SERVICES & SUPPLY	490,004	50,060					
016	PHARMACY	2,134,789	8,223	4,776				
017	MEDICAL RECORDS & LIBRARY	2,582,919	24,220	1,013			675	
018	SOCIAL SERVICE	267,345	2,040	551				
019	CENTRAL STERILIZATION	398,529	16,424					
020	NONPHYSICIAN ANESTHETISTS							
025	ADULTS & PEDIATRICS	8,577,811	182,546	64,620			136	
026	INTENSIVE CARE UNIT	1,584,931		24,676				
031	SUBPROVIDER	590,893		27,884				
031 01	SUBPROVIDER-PSYCH	1,778,273		72,246				
033	NURSERY	1,256,923		16,400				
034	SKILLED NURSING FACILITY	1,642,616		53,205				
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,360,930	89,086	6,539				
038	RECOVERY ROOM	2,045,699		417				
039	DELIVERY ROOM & LABOR ROO	675,811		25,098				
040	ANESTHESIOLOGY	185,962						
041	RADIOLOGY-DIAGNOSTIC	2,789,446	54,526					
041 01	MAGNETIC RES. IMAGING	239,735	4,034					
044	LABORATORY	3,576,775	21,959	9,816				
047	BLOOD STORING, PROCESSING	1,100,823						
049	RESPIRATORY THERAPY	1,233,539		5,854				
050	PHYSICAL THERAPY	2,548,196		31,910		9,754		
053	ELECTROCARDIOLOGY	1,464,499		457				
054	ELECTROENCEPHALOGRAPHY	376,347		13,237				
055	MEDICAL SUPPLIES CHARGED	2,512,508						
055 30	IMPL. DEV. CHARGED TO PAT	8,998,970						
056	DRUGS CHARGED TO PATIENTS	3,988,845						
059	CARDIAC REHAB	352,155				26,366		
059 01	BEHAVIORAL OUTPATIENT	250,592	1,958					
059 02	SHOCK THERAPY	39,360		6,648				
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	2,100,737	51,165					
062	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC	188,216						
071	HOME HEALTH AGENCY	3,716,494	14,646	650		9,226		
071	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	99,974,681	841,163	715,408		117,307	2,836	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096 01	OAKCREST NH	1,266,492			28,684			
096 02	SHARED SERVICES	584,945						
096 03	MATERNAL HEALTH SERVICES	168,119				1,712		
096 04	CAFETERIA VISITORS							
096 05	TV SERVICE	30,898	1,028					
096 06	FUND DEVELOPMENT	784,755		2,428				
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100 01	KENNEDY LIVING CENTER	727,734						
100 02	OCCUPATIONAL HEALTH SERVI	189,654				468		
100 03	RENTAL PROPERTIES	23,382	6,974	33,082		73,768		
100 04	AUXILIARY		5,360	3,058				
100 05	COMMUNITY EDUC/OUTSIDE LA	129,881		3,654				
100 06	RURAL OUTREACH PROGRAM	75,508						

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
		0	3	3.01	3.02	3.03	3.04	3.05
NONREIMBURS COST CENTERS								
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE	36,557						
100	09 MMC DYERSVILLE	4,739,809			99,168			8,835
100	10 CCH ELKADER	242,362						
100	11 RETAIL PHARMACY	23,211,718						1,630
100	12 IDLE SPACE		86,043	482				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	132,186,495	940,568	758,112	127,852	193,255	2,836	10,465

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-47 BLDG							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY	88,272						
003 07 NEW CAP REL COSTS-RENTAL		6,859					
003 08 NEW CAP REL COSTS-PARKING			68,680				
003 09 NEW CAP REL COSTS-97 BUIL				1,019,062			
003 10 NEW CAP REL COSTS-BELLEVU					1,704		
003 11 NEW CAP REL COSTS-CASCADE						634	
003 12 NEW CAP REL COSTS-RETAIL							47,888
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				740			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				18,255			
006 04 OTHER A & G			68,680	214,945			
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	14,899			136,215			
008 OPERATION OF PLANT	73,373						
009 LAUNDRY & LINEN SERVICE				3,056			
010 HOUSEKEEPING				9,700			
011 DIETARY				10,928			
012 CAFETERIA				89,196			
014 NURSING ADMINISTRATION				558			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				4,550			
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				17,069			
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				42,819			
038 RECOVERY ROOM				193,158			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				5,708			
041 RADIOLOGY-DIAGNOSTIC				4,982			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,704	226	
053 ELECTROCARDIOLOGY				130,479			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				9,142			
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				72,420			
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY				27,648			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	88,272		68,680	991,568	1,704	226	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI							
100 03 RENTAL PROPERTIES		6,859				313	
100 04 AUXILIARY				9,574			
100 05 COMMUNITY EDUC/OUTSIDE LA							
100 06 RURAL OUTREACH PROGRAM							

## COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET B
I		I	TO 6/30/2010	I	PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		3.06	3.07	3.08	3.09	3.10	3.11	3.12
NONREIMBURS COST CENTERS								
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE							
100	09 MMC DYERSVILLE							
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY							
100	12 IDLE SPACE				17,920		95	47,888
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	88,272	6,859	68,680	1,019,062	1,704	634	47,888



## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS FITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	SUBTOTAL
		4	5	5.01	6.01	6.02	6.03	6a.03
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-47 BLDG							
003	03 NEW CAP REL COSTS-DYERSVI							
003	04 NEW CAP REL COSTS-PROF AR							
003	05 NEW CAP REL COSTS-ASBURY							
003	06 NEW CAP REL COSTS-MED ART							
003	07 NEW CAP REL COSTS-ENERGY							
003	08 NEW CAP REL COSTS-RENTAL							
003	09 NEW CAP REL COSTS-PARKING							
003	10 NEW CAP REL COSTS-97 BUIL							
003	11 NEW CAP REL COSTS-BELLEVU							
003	12 NEW CAP REL COSTS-CASCADE							
004	NEW CAP REL COSTS-RETAIL							
004	NEW CAP REL COSTS-MVBLE E	5,746,050						
005	EMPLOYEE BENEFITS	2,846	2,168,884					
005	01 CHILD CARE	5,988	34,031	305,736				
006	01 COMMUNICATIONS	1,372	9,783	4,581	283,905			
006	02 PURCHASING	375	9,423		2,631	678,642		
006	03 PFS/COLLECTION	828	32,565	170	7,654		1,816,687	
006	04 OTHER A & G	2,963,499	30,429	10,444	34,443			12,844,202
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	12,244	55,514		11,002	9,615		5,698,417
008	OPERATION OF PLANT				478	13		185,215
009	LAUNDRY & LINEN SERVICE	54,174	25,976	3,059	1,196	9,103		1,186,713
010	HOUSEKEEPING	48,155	51,485	1,626	1,674	4,548		1,730,070
011	DIETARY	21,191	71,847	13,359	7,893	27,502		2,133,887
012	CAFETERIA							89,196
014	NURSING ADMINISTRATION	6,062	50,502	10,298	5,740	1,121		1,830,875
015	CENTRAL SERVICES & SUPPLY	38,158	17,503	446	1,196	766		598,133
016	PHARMACY	100,512	78,073	29,474	4,066	1,922		2,361,835
017	MEDICAL RECORDS & LIBRARY	3,954	100,697	4,185	20,809	746		2,743,768
018	SOCIAL SERVICE		10,444	2,203	1,435	8		284,026
019	CENTRAL STERILIZATION	38,247	12,077		718	2,384		468,379
020	NONPHYSICIAN ANESTHETISTS							
025	ADULTS & PEDIATRICS	31,158	315,285	21,552	25,592	16,077	194,242	9,446,088
026	INTENSIVE CARE UNIT	37,018	59,441	10,205	4,544	4,690	28,729	1,754,234
031	SUBPROVIDER	795	19,980	344	4,544	659	8,403	653,502
031	01 SUBPROVIDER-PSYCH	11,985	70,164	4,564	9,328	914	39,567	1,987,041
033	NURSERY	31,131	51,601	856	3,827	3,136	24,976	1,388,850
034	SKILLED NURSING FACILITY	11,343	60,651	9,639	3,588	3,474	19,673	1,804,189
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	437,400	146,637	31,705	16,982	97,258	236,960	6,466,316
038	RECOVERY ROOM	22,655	77,754	22,575	9,328	6,049	34,231	2,411,866
039	DELIVERY ROOM & LABOR ROO		32,052		3,827	1,470	17,181	755,439
040	ANESTHESIOLOGY	96,360	2,788	2,280		7,295	64,651	365,044
041	RADIOLOGY-DIAGNOSTIC	341,880	85,678	42,742	10,524	16,879	174,609	3,521,266
041	01 MAGNETIC RES. IMAGING	343,714	7,832		957	1,372	30,510	628,154
044	LABORATORY	235			9,567	28	157,442	3,775,822
047	BLOOD STORING, PROCESSING	1,646					14,460	1,116,929
049	RESPIRATORY THERAPY	54,971	40,627	11,302	1,913	6,220	46,289	1,400,715
050	PHYSICAL THERAPY	15,206	95,835	17,870	9,567	2,513	54,319	2,787,100
053	ELECTROCARDIOLOGY	713,424	35,723	5,044	6,219	24,276	158,042	2,538,163
054	ELECTROENCEPHALOGRAPHY	24,321	14,128	8,636	1,674	689	15,917	454,949
055	MEDICAL SUPPLIES CHARGED	64,591					75,095	2,652,194
055	30 IMPL. DEV. CHARGED TO PAT					263,242	82,911	9,345,123
056	DRUGS CHARGED TO PATIENTS					107,969	171,475	4,268,289
059	CARDIAC REHAB	3,621	13,551	765	1,913	244	5,032	403,647
059	01 BEHAVIORAL OUTPATIENT	53	9,087	2,636	4,305	115	5,816	283,704
059	02 SHOCK THERAPY	2,182	1,242			262	2,790	52,484
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	37,008	75,427	10,688	12,437	6,710	95,807	2,462,399
062	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC					2	3,504	191,722
071	HOME HEALTH AGENCY	14,394	102,552	22,488	16,503	28,962		3,953,563
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	5,594,696	1,908,384	305,736	258,074	658,233	1,762,631	99,023,508
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	8,535	45,181			2,335	14,961	1,366,188
096	02 SHARED SERVICES	186	24,256		718	58		610,163
096	03 MATERNAL HEALTH SERVICES		4,551		1,913	320	1,036	177,651
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE		328					32,254
096	06 FUND DEVELOPMENT	60	23,025		1,674	1,047		812,989
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER		27,880			94		755,708
100	02 OCCUPATIONAL HEALTH SERVI	644	2,579			2,164		195,509
100	03 RENTAL PROPERTIES				4,066	2		148,446
100	04 AUXILIARY				1,435			19,427
100	05 COMMUNITY EDUC/OUTSIDE LA		4,957		957	37		139,486
100	06 RURAL OUTREACH PROGRAM		1,959		478	73		78,018

## COST ALLOCATION - GENERAL SERVICE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET B
I		I	TO 6/30/2010	I	PART I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CHILD CARE	COMMUNICATION S	PURCHASING	PFS/COLLECTIO N	SUBTOTAL
		4	5	5.01	6.01	6.02	6.03	6a.03
NONREIMBURS COST CENTERS								
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE		892		957	294		38,700
100	09 MMC DYERSVILLE	77,023	114,730		1,435	13,598	38,059	5,092,657
100	10 CCH ELKADER		10,140					252,502
100	11 RETAIL PHARMACY	64,906	22		12,198	387		23,356,764
100	12 IDLE SPACE							86,525
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,746,050	2,168,884	305,736	283,905	678,642	1,816,687	132,186,495

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
16-0069

I PERIOD:

I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION		OTHER A & G	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.06	7	8	9	10
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-DYERSVI							
003	03 NEW CAP REL COSTS-PROF AR							
003	04 NEW CAP REL COSTS-ASBURY							
003	05 NEW CAP REL COSTS-MED ART							
003	06 NEW CAP REL COSTS-ENERGY							
003	07 NEW CAP REL COSTS-RENTAL							
003	08 NEW CAP REL COSTS-PARKING							
003	09 NEW CAP REL COSTS-97 BUIL							
003	10 NEW CAP REL COSTS-BELLEVU							
003	11 NEW CAP REL COSTS-CASCADE							
003	12 NEW CAP REL COSTS-RETAIL							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005	01 CHILD CARE							
006	01 COMMUNICATIONS							
006	02 PURCHASING							
006	03 PFS/COLLECTION							
006	04 OTHER A & G	12,844,202						
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	613,292	6,311,709		6,311,709			
008	OPERATION OF PLANT	19,934	205,149		176,912	382,061		
009	LAUNDRY & LINEN SERVICE	127,720	1,314,433		212,675	13,245	1,540,353	
010	HOUSEKEEPING	186,199	1,916,269		106,794	6,651	40,245	2,069,959
011	DIETARY	229,660	2,363,547		231,887	14,441	11,828	87,573
012	CAFETERIA	9,600	98,796		126,839	7,899		47,901
014	NURSING ADMINISTRATION	197,048	2,027,923		64,025	3,987		24,179
015	CENTRAL SERVICES & SUPPLY	64,374	662,507		193,325	12,040	615	73,010
016	PHARMACY	254,192	2,616,027		50,847	3,167	1,637	19,202
017	MEDICAL RECORDS & LIBRARY	295,298	3,039,066		104,055	6,480		39,297
018	SOCIAL SERVICE	30,568	314,594		10,082	628		3,808
019	CENTRAL STERILIZATION	50,409	518,788		63,429	3,950		23,954
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,016,635	10,462,723		987,545	61,505	289,449	372,949
026	INTENSIVE CARE UNIT	188,799	1,943,033		98,637	6,143	28,812	37,251
031	SUBPROVIDER	70,333	723,835		111,458	6,941	8,902	42,092
031	01 SUBPROVIDER-PSYCH	213,855	2,200,896		288,787	17,985	24,161	109,061
033	NURSERY	149,475	1,538,325		65,553	4,082		24,756
034	SKILLED NURSING FACILITY	194,176	1,998,365		212,675	13,245	51,971	80,317
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	695,937	7,162,253		431,066	26,846	200,004	162,794
038	RECOVERY ROOM	259,577	2,671,443		276,343	17,210	52,123	104,362
039	DELIVERY ROOM & LABOR ROO	81,304	836,743		100,324	6,248		37,888
040	ANESTHESIOLOGY	39,288	404,332		8,117	506		3,065
041	RADIOLOGY-DIAGNOSTIC	378,976	3,900,242		217,657	13,555	29,889	82,199
041	01 MAGNETIC RES. IMAGING	67,605	695,759		15,580	970		5,884
044	LABORATORY	406,373	4,182,195		124,041	7,725	3,650	46,844
047	BLOOD STORING, PROCESSING	120,209	1,237,138					
049	RESPIRATORY THERAPY	150,752	1,551,467		23,399	1,457	622	8,837
050	PHYSICAL THERAPY	299,962	3,087,062		175,959	10,958	8,668	66,452
053	ELECTROCARDIOLOGY	273,170	2,811,333		187,371	11,669	20,567	70,761
054	ELECTROENCEPHALOGRAPHY	48,964	503,913		52,911	3,295	8,199	19,982
055	MEDICAL SUPPLIES CHARGED	285,442	2,937,636					
055	30 IMPL. DEV. CHARGED TO PAT	1,005,769	10,350,892					
056	DRUGS CHARGED TO PATIENTS	459,375	4,727,664					
059	CARDIAC REHAB	43,443	447,090		130,848	8,149		49,415
059	01 BEHAVIORAL OUTPATIENT	30,534	314,238		20,561	1,280		7,765
059	02 SHOCK THERAPY	5,649	58,133		26,574	1,655		10,036
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	265,016	2,727,415		300,576	18,719	88,523	113,513
062	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC	20,634	212,356					
071	HOME HEALTH AGENCY	425,502	4,379,065		144,264	8,984		54,482
071	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	9,275,048	95,454,354		5,341,116	321,615	869,865	1,829,629
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	147,036	1,513,224				68,845	
096	02 SHARED SERVICES	65,669	675,832					
096	03 MATERNAL HEALTH SERVICES	19,120	196,771		8,494	529	1,068	3,208
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE	3,471	35,725		3,969	247		1,499
096	06 FUND DEVELOPMENT	87,498	900,487		9,705	604		3,665
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER	81,333	837,041					
100	02 OCCUPATIONAL HEALTH SERVI	21,042	216,551		2,322	145		877
100	03 RENTAL PROPERTIES	15,977	164,423		525,258	32,712		198,365
100	04 AUXILIARY	2,091	21,518		46,540	2,898		17,576
100	05 COMMUNITY EDUC/OUTSIDE LA	15,012	154,498		14,607	910	547,775	5,516
100	06 RURAL OUTREACH PROGRAM	8,397	86,415					

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		OTHER A & G	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.06	7	8	9	10
NONREIMBURS COST CENTERS								
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE	4,165	42,865					
100	09 MMC DYERSVILLE	548,097	5,640,754				30,693	
100	10 CCH ELKADER	27,176	279,678				22,107	
100	11 RETAIL PHARMACY	2,513,758	25,870,522		25,483	1,587		9,624
100	12 IDLE SPACE	9,312	95,837		334,215	20,814		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	12,844,202	132,186,495		6,311,709	382,061	1,540,353	2,069,959

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-47 BLDG							
003 02 NEW CAP REL COSTS-DYERSVI							
003 03 NEW CAP REL COSTS-PROF AR							
003 04 NEW CAP REL COSTS-ASBURY							
003 05 NEW CAP REL COSTS-MED ART							
003 06 NEW CAP REL COSTS-ENERGY							
003 07 NEW CAP REL COSTS-RENTAL							
003 08 NEW CAP REL COSTS-PARKING							
003 09 NEW CAP REL COSTS-97 BUIL							
003 10 NEW CAP REL COSTS-BELLEVU							
003 11 NEW CAP REL COSTS-CASCADE							
003 12 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	2,709,276						
012 CAFETERIA	135,061	416,496					
014 NURSING ADMINISTRATION		10,819	2,130,933				
015 CENTRAL SERVICES & SUPPLY		7,676		949,173			
016 PHARMACY		14,353		2,914	2,708,147		
017 MEDICAL RECORDS & LIBRARY		29,046		1,131	10	3,219,085	
018 SOCIAL SERVICE		3,440		11			332,563
019 CENTRAL STERILIZATION		5,137	35,765	3,615	169		
020 NONPHYSICIAN ANESTHETISTS							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,526,553	81,376	566,556	24,377	58,231	354,743	233,305
026 INTENSIVE CARE UNIT	95,711	13,558	94,392	7,112	15,090	52,468	7,528
031 SUBPROVIDER	70,729	5,238	36,468	999		15,346	3,860
031 01 SUBPROVIDER-PSYCH	307,962	17,556	122,230	1,386	332	72,260	45,310
033 NURSERY		11,517	80,183	4,756	1,750	45,614	15,827
034 SKILLED NURSING FACILITY	375,020	19,279	134,221	5,268	7,014	35,929	22,197
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	923	36,310	252,796	147,471	24,271	432,765	
038 RECOVERY ROOM	42,811	19,628	136,655	9,172	42,578	62,516	
039 DELIVERY ROOM & LABOR ROO		7,808	54,363	2,230		31,377	
040 ANESTHESIOLOGY		1,242	8,647	11,062	68,700	118,071	
041 RADIOLOGY-DIAGNOSTIC		21,580		25,593	41,048	318,887	
041 01 MAGNETIC RES. IMAGING		1,815		2,080	28,222	55,720	
044 LABORATORY				43		287,536	
047 BLOOD STORING, PROCESSING						26,408	
049 RESPIRATORY THERAPY		10,552		9,431	662	84,537	
050 PHYSICAL THERAPY		22,880		3,810	573	99,203	
053 ELECTROCARDIOLOGY		8,084	56,281	36,809	30,327	288,631	
054 ELECTROENCEPHALOGRAPHY		3,725		1,045	5	29,069	
055 MEDICAL SUPPLIES CHARGED					1,629	137,145	
055 30 IMPL. DEV. CHARGED TO PAT				399,167		151,419	
056 DRUGS CHARGED TO PATIENTS				163,712	2,258,069	313,164	
059 CARDIAC REHAB		3,013	20,979	371	21	9,190	
059 01 BEHAVIORAL OUTPATIENT		2,793	19,448	174		10,622	
059 02 SHOCK THERAPY		335	2,333	397	203	5,095	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	6,146	18,185	126,605	10,174	24,500	174,971	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC				3		6,399	
071 HOME HEALTH AGENCY		28,252	196,698	43,914	1,705		
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,560,916	405,197	1,944,620	918,227	2,605,109	3,219,085	328,027
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH			118,732	3,540	5,532		434
096 02 SHARED SERVICES		4,236		88			
096 03 MATERNAL HEALTH SERVICES		1,247	8,682	485	3,616		
096 04 CAFETERIA VISITORS	148,360						
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT		4,127		1,588			
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER				142			
100 02 OCCUPATIONAL HEALTH SERVI				3,281	43,755		
100 03 RENTAL PROPERTIES				4			
100 04 AUXILIARY							
100 05 COMMUNITY EDUC/OUTSIDE LA		968		56			
100 06 RURAL OUTREACH PROGRAM		390		111	641		

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION		DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
100	07 NONREIMBURS COST CENTERS							
100	08 BAD DEBT EXPENSE							
100	09 LIFELINE		322		446			
100	09 MMC DYERSVILLE			58,899	20,619	49,271		4,102
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY		9		586	223		
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,709,276	416,496	2,130,933	949,173	2,708,147	3,219,085	332,563

## COST ALLOCATION - GENERAL SERVICE COSTS

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION		CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		19	20	25	26	27
003	GENERAL SERVICE COST CNTR					
003	01 NEW CAP REL COSTS-BLDG &					
003	02 NEW CAP REL COSTS-47 BLDG					
003	03 NEW CAP REL COSTS-DYERSVI					
003	04 NEW CAP REL COSTS-PROF AR					
003	05 NEW CAP REL COSTS-ASBURY					
003	06 NEW CAP REL COSTS-MED ART					
003	07 NEW CAP REL COSTS-ENERGY					
003	08 NEW CAP REL COSTS-RENTAL					
003	09 NEW CAP REL COSTS-PARKING					
003	10 NEW CAP REL COSTS-97 BUIL					
003	11 NEW CAP REL COSTS-BELLEVU					
003	12 NEW CAP REL COSTS-CASCADE					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	01 CHILD CARE					
006	02 COMMUNICATIONS					
006	03 PURCHASING					
006	04 PFS/COLLECTION					
006	05 OTHER A & G					
007	06 OTHER ADMINISTRATIVE AND					
008	MAINTENANCE & REPAIRS					
009	OPERATION OF PLANT					
010	LAUNDRY & LINEN SERVICE					
011	HOUSEKEEPING					
012	DIETARY					
014	CAFETERIA					
015	NURSING ADMINISTRATION					
016	CENTRAL SERVICES & SUPPLY					
017	PHARMACY					
018	MEDICAL RECORDS & LIBRARY					
019	SOCIAL SERVICE					
020	CENTRAL STERILIZATION	654,807				
025	NONPHYSICIAN ANESTHETISTS					
026	INPAT ROUTINE SRVC CNTRS					
031	ADULTS & PEDIATRICS			15,019,312	-768,204	14,251,108
031	INTENSIVE CARE UNIT			2,399,735		2,399,735
033	SUBPROVIDER			1,025,868		1,025,868
034	01 SUBPROVIDER-PSYCH			3,207,926		3,207,926
035	NURSERY			1,792,363		1,792,363
037	SKILLED NURSING FACILITY			2,955,501		2,955,501
038	NURSING FACILITY					
039	ANCILLARY SRVC COST CNTRS					
040	OPERATING ROOM	474,510		9,352,009		9,352,009
041	RECOVERY ROOM			3,434,841	768,204	4,203,045
042	DELIVERY ROOM & LABOR ROO	54,400		1,131,381		1,131,381
043	ANESTHESIOLOGY			623,742		623,742
044	RADIOLOGY-DIAGNOSTIC	86,004		4,736,654		4,736,654
045	01 MAGNETIC RES. IMAGING			806,030		806,030
046	LABORATORY			4,652,034		4,652,034
047	BLOOD STORING, PROCESSING			1,263,546		1,263,546
048	RESPIRATORY THERAPY			1,690,964		1,690,964
049	PHYSICAL THERAPY			3,475,565		3,475,565
050	ELECTROCARDIOLOGY			3,521,833		3,521,833
051	ELECTROENCEPHALOGRAPHY			622,144		622,144
052	MEDICAL SUPPLIES CHARGED			3,076,410		3,076,410
053	30 IMPL. DEV. CHARGED TO PAT			10,901,478		10,901,478
054	DRUGS CHARGED TO PATIENTS			7,462,609		7,462,609
055	CARDIAC REHAB			669,076		669,076
056	01 BEHAVIORAL OUTPATIENT			376,881		376,881
057	02 SHOCK THERAPY			104,761		104,761
058	OUTPAT SERVICE COST CNTRS					
059	EMERGENCY	39,893		3,649,220		3,649,220
060	OBSERVATION BEDS (NON-DIS					
061	OTHER REIMBURS COST CNTRS					
062	PURCHASED DIALYSIS SERVIC			218,758		218,758
063	HOME HEALTH AGENCY			4,857,364		4,857,364
064	SPEC PURPOSE COST CENTERS					
065	SUBTOTALS	654,807		93,028,005		93,028,005
066	NONREIMBURS COST CENTERS					
067	GIFT, FLOWER, COFFEE SHOP					
068	01 OAKCREST NH			1,710,307		1,710,307
069	02 SHARED SERVICES			680,156		680,156
070	03 MATERNAL HEALTH SERVICES			224,100		224,100
071	04 CAFETERIA VISITORS			148,360		148,360
072	05 TV SERVICE			41,440		41,440
073	06 FUND DEVELOPMENT			920,176		920,176
074	PHYSICIANS' PRIVATE OFFIC					
075	OTHER NONREIMBURSABLE COS					
076	01 KENNEDY LIVING CENTER			837,183		837,183
077	02 OCCUPATIONAL HEALTH SERVI			266,931		266,931
078	03 RENTAL PROPERTIES			920,762		920,762
079	04 AUXILIARY			88,532		88,532
080	05 COMMUNITY EDUC/OUTSIDE LA			724,330		724,330
081	06 RURAL OUTREACH PROGRAM			87,557		87,557

COST CENTER DESCRIPTION		CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		19	20	25	26	27
NONREIMBURS COST CENTERS						
100	07 BAD DEBT EXPENSE					
100	08 LIFELINE			43,633		43,633
100	09 MMC DYERSVILLE			5,804,338		5,804,338
100	10 CCH ELKADER			301,785		301,785
100	11 RETAIL PHARMACY			25,908,034		25,908,034
100	12 IDLE SPACE			450,866		450,866
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	654,807		132,186,495		132,186,495



## ALLOCATION OF NEW CAPITAL RELATED COSTS

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET B  
I PART III

COST CENTER DESCRIPTION		DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-47 BLDG 3.01	NEW CAP REL C OSTS-DYERSVI 3.02	NEW CAP REL C OSTS-PROF AR 3.03	NEW CAP REL C OSTS-ASBURY 3.04	NEW CAP REL C OSTS-MED ART 3.05
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-47 BLDG							
003	03 NEW CAP REL COSTS-DYERSVI							
003	04 NEW CAP REL COSTS-PROF AR							
003	05 NEW CAP REL COSTS-ASBURY							
003	06 NEW CAP REL COSTS-MED ART							
003	07 NEW CAP REL COSTS-ENERGY							
003	08 NEW CAP REL COSTS-RENTAL							
003	09 NEW CAP REL COSTS-PARKING							
003	10 NEW CAP REL COSTS-97 BUIL							
003	11 NEW CAP REL COSTS-BELLEVU							
003	12 NEW CAP REL COSTS-CASCADE							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS			12,284				
005	01 CHILD CARE					41,759		
006	01 COMMUNICATIONS	1,518	3,279	2,741				
006	02 PURCHASING	7,854	4,563					
006	03 PFS/COLLECTION	4,047						
006	04 OTHER A & G	490,680	135,435	183,111		28,054	2,025	
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	118	94,353	83,760		1,048		
008	OPERATION OF PLANT		3,520					
009	LAUNDRY & LINEN SERVICE		2,441	49,760				
010	HOUSEKEEPING	16,552	20,664	1,936		1,100		
011	DIETARY	88	56,021					
012	CAFETERIA							
014	NURSING ADMINISTRATION	2,339		15,819				
015	CENTRAL SERVICES & SUPPLY		50,060					
016	PHARMACY	12,662	8,223	4,776				
017	MEDICAL RECORDS & LIBRARY		24,220	1,013			675	
018	SOCIAL SERVICE		2,040	551				
019	CENTRAL STERILIZATION		16,424					
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	21,941	182,546	64,620			136	
026	INTENSIVE CARE UNIT	11,140		24,676				
031	SUBPROVIDER	732		27,884				
031	01 SUBPROVIDER-PSYCH	3,473		72,246				
033	NURSERY	4,683		16,400				
034	SKILLED NURSING FACILITY	16,162		53,205				
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	126,473	89,086	6,539				
038	RECOVERY ROOM	1,712		417				
039	DELIVERY ROOM & LABOR ROO			25,098				
040	ANESTHESIOLOGY	113						
041	RADIOLOGY-DIAGNOSTIC	148	54,526					
041	01 MAGNETIC RES. IMAGING		4,034					
044	LABORATORY	428	21,959	9,816				
047	BLOOD STORING, PROCESSING							
049	RESPIRATORY THERAPY	485		5,854				
050	PHYSICAL THERAPY	35,690		31,910		9,754		
053	ELECTROCARDIOLOGY	2,702		457				
054	ELECTROENCEPHALOGRAPHY	1,858		13,237				
055	MEDICAL SUPPLIES CHARGED	47,078						
055	30 IMPL. DEV. CHARGED TO PAT							
056	DRUGS CHARGED TO PATIENTS							
059	CARDIAC REHAB	894				26,366		
059	01 BEHAVIORAL OUTPATIENT		1,958					
059	02 SHOCK THERAPY			6,648				
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	178	51,165					
062	OBSERVATION BEDS (NON-DIS							
068	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC							
071	HOME HEALTH AGENCY	5,077	14,646	650		9,226		
071	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	816,825	841,163	715,408		117,307	2,836	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	481			28,684			
096	02 SHARED SERVICES							
096	03 MATERNAL HEALTH SERVICES	1,581				1,712		
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE		1,028					
096	06 FUND DEVELOPMENT			2,428				
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER							
100	02 OCCUPATIONAL HEALTH SERVI					468		
100	03 RENTAL PROPERTIES		6,974	33,082		73,768		
100	04 AUXILIARY		5,360	3,058				
100	05 COMMUNITY EDUC/OUTSIDE LA			3,654				
100	06 RURAL OUTREACH PROGRAM							

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	0	3	3.01	3.02	3.03	3.04	3.05
NONREIMBURS COST CENTERS							
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE							
100 09 MMC DYERSVILLE	12,278			99,168			8,835
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY	216,165						1,630
100 12 IDLE SPACE		86,043	482				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,047,330	940,568	758,112	127,852	193,255	2,836	10,465

## ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
	3.06	3.07	3.08	3.09	3.10	3.11	3.12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY							
003 08 NEW CAP REL COSTS-RENTAL							
003 09 NEW CAP REL COSTS-PARKING							
003 10 NEW CAP REL COSTS-97 BUIL							
003 11 NEW CAP REL COSTS-BELLEVU							
003 12 NEW CAP REL COSTS-CASCADE							
004 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				740			
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION				18,255			
006 04 OTHER A & G			68,680	214,945			
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	14,899			136,215			
008 OPERATION OF PLANT	73,373						
009 LAUNDRY & LINEN SERVICE				3,056			
010 HOUSEKEEPING				9,700			
011 DIETARY				10,928			
012 CAFETERIA				89,196			
014 NURSING ADMINISTRATION				558			
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY				4,550			
018 SOCIAL SERVICE							
019 CENTRAL STERILIZATION							
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS				17,069			
026 ADULTS & PEDIATRICS							
031 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER-PSYCH							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				42,819			
039 RECOVERY ROOM				193,158			
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY				5,708			
041 RADIOLOGY-DIAGNOSTIC				4,982			
041 01 MAGNETIC RES. IMAGING							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY					1,704	226	
053 ELECTROCARDIOLOGY				130,479			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 CARDIAC REHAB							
059 01 BEHAVIORAL OUTPATIENT				9,142			
059 02 SHOCK THERAPY							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				72,420			
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
071 PURCHASED DIALYSIS SERVIC							
071 HOME HEALTH AGENCY				27,648			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	88,272		68,680	991,568	1,704	226	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH							
096 02 SHARED SERVICES							
096 03 MATERNAL HEALTH SERVICES							
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER							
100 02 OCCUPATIONAL HEALTH SERVI							
100 03 RENTAL PROPERTIES		6,859				313	
100 04 AUXILIARY				9,574			
100 05 COMMUNITY EDUC/OUTSIDE LA							
100 06 RURAL OUTREACH PROGRAM							

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
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I		I	TO 6/30/2010	I	PART III

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		3.06	3.07	3.08	3.09	3.10	3.11	3.12
NONREIMBURS COST CENTERS								
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE							
100	09 MMC DYERSVILLE							
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				17,920		95	47,888
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	88,272	6,859	68,680	1,019,062	1,704	634	47,888

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## ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	CHILD CARE	COMMUNICATION S	PURCHASING	PFS/COLLECTIO N
		4	4a	5	5.01	6.01	6.02	6.03
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-47 BLDG							
003	03 NEW CAP REL COSTS-DYERSVI							
003	04 NEW CAP REL COSTS-PROF AR							
003	05 NEW CAP REL COSTS-ASBURY							
003	06 NEW CAP REL COSTS-MED ART							
003	07 NEW CAP REL COSTS-ENERGY							
003	08 NEW CAP REL COSTS-RENTAL							
003	09 NEW CAP REL COSTS-PARKING							
003	10 NEW CAP REL COSTS-97 BUIL							
003	11 NEW CAP REL COSTS-BELLEVU							
003	12 NEW CAP REL COSTS-CASCADE							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	2,846	15,870	15,870				
005	01 CHILD CARE	5,988	47,747	249	47,996			
006	01 COMMUNICATIONS	1,372	8,910	72	719	9,701		
006	02 PURCHASING	375	12,792	69		90	12,951	
006	03 PFS/COLLECTION	828	23,130	238	27	262		23,657
006	04 OTHER A & G	2,963,499	4,086,429	223	1,640	1,176		
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	12,244	342,637	406		376	183	
008	OPERATION OF PLANT		76,893			16		
009	LAUNDRY & LINEN SERVICE	54,174	109,431	190	480	41	174	
010	HOUSEKEEPING	48,155	98,107	377	255	57	87	
011	DIETARY	21,191	88,228	525	2,097	270	525	
012	CAFETERIA		89,196					
014	NURSING ADMINISTRATION	6,062	24,778	369	1,617	196	21	
015	CENTRAL SERVICES & SUPPLY	38,158	88,218	128	70	41	15	
016	PHARMACY	100,512	126,173	571	4,627	139	37	
017	MEDICAL RECORDS & LIBRARY	3,954	34,412	736	657	711	14	
018	SOCIAL SERVICE		2,591	76	346	49		
019	CENTRAL STERILIZATION	38,247	54,671	88		25	45	
020	NONPHYSICIAN ANESTHETISTS							
025	ADULTS & PEDIATRICS	31,158	317,470	2,318	3,383	874	307	2,542
026	INTENSIVE CARE UNIT	37,018	72,834	435	1,602	155	89	376
031	SUBPROVIDER	795	29,411	146	54	155	13	110
031	01 SUBPROVIDER-PSYCH	11,985	87,704	513	717	319	17	518
033	NURSERY	31,131	52,214	377	134	131	60	327
034	SKILLED NURSING FACILITY	11,343	80,710	444	1,513	123	66	257
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	437,400	702,317	1,072	4,977	580	1,855	2,982
039	RECOVERY ROOM	22,655	217,942	569	3,544	319	115	448
040	DELIVERY ROOM & LABOR ROO		25,098	234		131	28	225
041	ANESTHESIOLOGY	96,360	102,181	20	358		139	846
041	01 RADIOLOGY-DIAGNOSTIC	341,880	401,536	627	6,710	360	322	2,285
044	MAGNETIC RES. IMAGING	343,714	347,748	57		33	26	399
047	LABORATORY	235	32,438			327	1	2,061
047	BLOOD STORING, PROCESSING	1,646	1,646					189
049	RESPIRATORY THERAPY	54,971	61,310	297	1,774	65	119	606
050	PHYSICAL THERAPY	15,206	94,490	701	2,805	327	48	711
053	ELECTROCARDIOLOGY	713,424	847,062	261	792	212	463	2,068
054	ELECTROENCEPHALOGRAPHY	24,321	39,416	103	1,356	57	13	208
055	MEDICAL SUPPLIES CHARGED	64,591	111,669					983
055	30 IMPL. DEV. CHARGED TO PAT						5,028	1,085
056	DRUGS CHARGED TO PATIENTS						2,060	2,244
059	CARDIAC REHAB	3,621	30,881	99	120	65	5	66
059	01 BEHAVIORAL OUTPATIENT	53	11,153	66	414	147	2	76
059	02 SHOCK THERAPY	2,182	8,830	9			5	37
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	37,008	160,771	552	1,678	425	128	1,254
068	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	PURCHASED DIALYSIS SERVIC							46
071	HOME HEALTH AGENCY	14,394	71,641	750	3,530	564	552	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	5,594,696	9,238,685	13,967	47,996	8,818	12,562	22,949
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	8,535	37,700	330			45	196
096	02 SHARED SERVICES	186	186	177		25	1	
096	03 MATERNAL HEALTH SERVICES		3,293	33		65	6	14
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE		1,028	2				
096	06 FUND DEVELOPMENT	60	2,488	168		57	20	
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER			204			2	
100	02 OCCUPATIONAL HEALTH SERVI	644	1,112	19			41	
100	03 RENTAL PROPERTIES		120,996			139		
100	04 AUXILIARY		17,992			49		
100	05 COMMUNITY EDUC/OUTSIDE LA		3,654	36		33	1	
100	06 RURAL OUTREACH PROGRAM			14		16	1	

## ALLOCATION OF NEW CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	CHILD CARE	COMMUNICATION S	PURCHASING	PFS/COLLECTIO N
		4	4a	5	5.01	6.01	6.02	6.03
	NONREIMBURS COST CENTERS							
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE			7		33	6	
100	09 MMC DYERSVILLE	77,023	197,304	839		49	259	498
100	10 CCH ELKADER			74				
100	11 RETAIL PHARMACY	64,906	348,604			417	7	
100	12 IDLE SPACE		86,525					
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	5,746,050	10,059,567	15,870	47,996	9,701	12,951	23,657

## ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION		OTHER A & G	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.04	6.06	7	8	9	10	11
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-DYERSVI							
003	03 NEW CAP REL COSTS-PROF AR							
003	04 NEW CAP REL COSTS-ASBURY							
003	05 NEW CAP REL COSTS-MED ART							
003	06 NEW CAP REL COSTS-ENERGY							
003	07 NEW CAP REL COSTS-RENTAL							
003	08 NEW CAP REL COSTS-PARKING							
003	09 NEW CAP REL COSTS-97 BUIL							
003	10 NEW CAP REL COSTS-BELLEVU							
003	11 NEW CAP REL COSTS-CASCADE							
003	12 NEW CAP REL COSTS-RETAIL							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005	01 CHILD CARE							
006	01 COMMUNICATIONS							
006	02 PURCHASING							
006	03 PFS/COLLECTION							
006	04 OTHER A & G	4,089,468						
006	06 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS	195,268		538,870				
008	OPERATION OF PLANT	6,347		15,104	98,360			
009	LAUNDRY & LINEN SERVICE	40,665		18,157	3,410	172,548		
010	HOUSEKEEPING	59,284		9,118	1,712	4,508	173,505	
011	DIETARY	73,122		19,798	3,718	1,325	7,340	196,948
012	CAFETERIA	3,056		10,829	2,034		4,015	9,818
014	NURSING ADMINISTRATION	62,739		5,466	1,027		2,027	
015	CENTRAL SERVICES & SUPPLY	20,496		16,505	3,100	69	6,120	
016	PHARMACY	80,933		4,341	815	183	1,610	
017	MEDICAL RECORDS & LIBRARY	94,021		8,884	1,668		3,294	
018	SOCIAL SERVICE	9,733		861	162		319	
019	CENTRAL STERILIZATION	16,050		5,415	1,017		2,008	
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	323,689		84,313	15,831	32,424	31,259	110,970
026	INTENSIVE CARE UNIT	60,112		8,421	1,581	3,227	3,122	6,958
031	SUBPROVIDER	22,394		9,516	1,787	997	3,528	5,142
031	01 SUBPROVIDER-PSYCH	68,090		24,656	4,630	2,706	9,142	22,387
033	NURSERY	47,592		5,597	1,051		2,075	
034	SKILLED NURSING FACILITY	61,824		18,157	3,410	5,822	6,732	27,262
035	NURSING FACILITY							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	221,581		36,803	6,911	22,404	13,645	67
038	RECOVERY ROOM	82,647		23,593	4,431	5,839	8,748	3,112
039	DELIVERY ROOM & LABOR ROO	25,887		8,565	1,609		3,176	
040	ANESTHESIOLOGY	12,509		693	130		257	
041	RADIOLOGY-DIAGNOSTIC	120,663		18,583	3,490	3,348	6,890	
041	01 MAGNETIC RES. IMAGING	21,525		1,330	250		493	
044	LABORATORY	129,386		10,590	1,989	409	3,927	
047	BLOOD STORING, PROCESSING	38,274						
049	RESPIRATORY THERAPY	47,998		1,998	375	70	741	
050	PHYSICAL THERAPY	95,506		15,023	2,821	971	5,570	
053	ELECTROCARDIOLOGY	86,975		15,997	3,004	2,304	5,931	
054	ELECTROENCEPHALOGRAPHY	15,590		4,517	848	918	1,675	
055	MEDICAL SUPPLIES CHARGED	90,883						
055	30 IMPL. DEV. CHARGED TO PAT	320,229						
056	DRUGS CHARGED TO PATIENTS	146,261						
059	CARDIAC REHAB	13,832		11,171	2,098		4,142	
059	01 BEHAVIORAL OUTPATIENT	9,722		1,755	330		651	
059	02 SHOCK THERAPY	1,798		2,269	426		841	
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	84,379		25,662	4,819	9,916	9,515	447
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
068	PURCHASED DIALYSIS SERVIC	6,570						
071	HOME HEALTH AGENCY	135,477		12,317	2,313		4,567	
071	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	2,953,107		456,004	82,797	97,440	153,360	186,163
095	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 OAKCREST NH	46,815				7,712		
096	02 SHARED SERVICES	20,908						
096	03 MATERNAL HEALTH SERVICES	6,088		725	136	120	269	
096	04 CAFETERIA VISITORS							10,785
096	05 TV SERVICE	1,105		339	64		126	
096	06 FUND DEVELOPMENT	27,859		829	156		307	
098	PHYSICIANS' PRIVATE OFFIC							
100	OTHER NONREIMBURSABLE COS							
100	01 KENNEDY LIVING CENTER	25,896						
100	02 OCCUPATIONAL HEALTH SERVI	6,700		198	37		74	
100	03 RENTAL PROPERTIES	5,087		44,845	8,422		16,627	
100	04 AUXILIARY	666		3,973	746		1,473	
100	05 COMMUNITY EDUC/OUTSIDE LA	4,780		1,247	234	61,362	462	
100	06 RURAL OUTREACH PROGRAM	2,673						

## ALLOCATION OF NEW CAPITAL RELATED COSTS

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	COST CENTER DESCRIPTION	OTHER A & G	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.04	6.06	7	8	9	10	11
	NONREIMBURS COST CENTERS							
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE	1,326						
100	09 MMC DYERSVILLE	174,510				3,438		
100	10 CCH ELKADER	8,652				2,476		
100	11 RETAIL PHARMACY	800,331		2,176	409		807	
100	12 IDLE SPACE	2,965		28,534	5,359			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	4,089,468		538,870	98,360	172,548	173,505	196,948



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	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	CENTRAL STERIL IZATION
	12	14	15	16	17	18	19
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-47 BLDG							
003 03 NEW CAP REL COSTS-DYERSVI							
003 04 NEW CAP REL COSTS-PROF AR							
003 05 NEW CAP REL COSTS-ASBURY							
003 06 NEW CAP REL COSTS-MED ART							
003 07 NEW CAP REL COSTS-ENERGY							
003 08 NEW CAP REL COSTS-RENTAL							
003 09 NEW CAP REL COSTS-PARKING							
003 10 NEW CAP REL COSTS-97 BUIL							
003 11 NEW CAP REL COSTS-BELLEVU							
003 12 NEW CAP REL COSTS-CASCADE							
004 NEW CAP REL COSTS-RETAIL							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE							
006 01 COMMUNICATIONS							
006 02 PURCHASING							
006 03 PFS/COLLECTION							
006 04 OTHER A & G							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	118,948						
014 NURSING ADMINISTRATION	3,090	101,330					
015 CENTRAL SERVICES & SUPPLY	2,192		136,954				
016 PHARMACY	4,099		420	223,948			
017 MEDICAL RECORDS & LIBRARY	8,295		163	1	152,856		
018 SOCIAL SERVICE	982		2			15,121	
019 CENTRAL STERILIZATION	1,467	1,701	522	14			83,023
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,239	26,941	3,517	4,815	16,842	10,608	
026 INTENSIVE CARE UNIT	3,872	4,489	1,026	1,248	2,491	342	
031 SUBPROVIDER	1,496	1,734	144		729	176	
031 01 SUBPROVIDER-PSYCH	5,014	5,812	200	27	3,431	2,060	
033 NURSERY	3,289	3,813	686	145	2,166	720	
034 SKILLED NURSING FACILITY	5,506	6,382	760	580	1,706	1,009	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,370	12,021	21,278	2,007	20,572		60,164
038 RECOVERY ROOM	5,606	6,498	1,323	3,521	2,968		
039 DELIVERY ROOM & LABOR ROO	2,230	2,585	322		1,490		6,897
040 ANESTHESIOLOGY	355	411	1,596	5,681	5,605		
041 RADIOLOGY-DIAGNOSTIC	6,163		3,693	3,394	15,139		10,904
041 01 MAGNETIC RES. IMAGING	518		300	2,334	2,645		
044 LABORATORY			6		13,651		
047 BLOOD STORING, PROCESSING					1,254		
049 RESPIRATORY THERAPY	3,013		1,361	55	4,013		
050 PHYSICAL THERAPY	6,534		550	47	4,710		
053 ELECTROCARDIOLOGY	2,309	2,676	5,311	2,508	13,703		
054 ELECTROENCEPHALOGRAPHY	1,064		151		1,380		
055 MEDICAL SUPPLIES CHARGED				135	6,511		
055 30 IMPL. DEV. CHARGED TO PAT			57,597		7,189		
056 DRUGS CHARGED TO PATIENTS			23,622	186,731	14,868		
059 CARDIAC REHAB	861	998	53	2	436		
059 01 BEHAVIORAL OUTPATIENT	798	925	25		504		
059 02 SHOCK THERAPY	96	111	57	17	242		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,193	6,020	1,468	2,026	8,307		5,058
062 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
068 PURCHASED DIALYSIS SERVIC					304		
071 HOME HEALTH AGENCY	8,069	9,353	6,336	141			
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	115,720	92,470	132,489	215,429	152,856	14,915	83,023
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 OAKCREST NH		5,646	511	457		20	
096 02 SHARED SERVICES	1,210		13				
096 03 MATERNAL HEALTH SERVICES	356	413	70	299			
096 04 CAFETERIA VISITORS							
096 05 TV SERVICE							
096 06 FUND DEVELOPMENT	1,179		229				
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS							
100 01 KENNEDY LIVING CENTER			20				
100 02 OCCUPATIONAL HEALTH SERVI			473	3,618			
100 03 RENTAL PROPERTIES			1				
100 04 AUXILIARY							
100 05 COMMUNITY EDUC/OUTSIDE LA	277		8				
100 06 RURAL OUTREACH PROGRAM	111		16	53			

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B  
 I I TO 6/30/2010 I PART III

	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	CENTRAL STERI LIZATION
	12	14	15	16	17	18	19
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE	92		64				
100 09 MMC DYERSVILLE		2,801	2,975	4,074		186	
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY	3		85	18			
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	118,948	101,330	136,954	223,948	152,856	15,121	83,023

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET B
I	I TO 6/30/2010	I PART III

## ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR				
003	01 NEW CAP REL COSTS-BLDG &				
003	02 NEW CAP REL COSTS-47 BLDG				
003	03 NEW CAP REL COSTS-DYERSVI				
003	04 NEW CAP REL COSTS-PROF AR				
003	05 NEW CAP REL COSTS-ASBURY				
003	06 NEW CAP REL COSTS-MED ART				
003	07 NEW CAP REL COSTS-ENERGY				
003	08 NEW CAP REL COSTS-RENTAL				
003	09 NEW CAP REL COSTS-PARKING				
003	10 NEW CAP REL COSTS-97 BUIL				
003	11 NEW CAP REL COSTS-BELLEVU				
003	12 NEW CAP REL COSTS-CASCADE				
004	NEW CAP REL COSTS-RETAIL				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
005	01 CHILD CARE				
006	01 COMMUNICATIONS				
006	02 PURCHASING				
006	03 PFS/COLLECTION				
006	04 OTHER A & G				
006	06 OTHER ADMINISTRATIVE AND				
007	MAINTENANCE & REPAIRS				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
019	CENTRAL STERILIZATION				
020	NONPHYSICIAN ANESTHETISTS				
025	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS		1,011,342		1,011,342
026	INTENSIVE CARE UNIT		172,380		172,380
031	SUBPROVIDER		77,532		77,532
031	01 SUBPROVIDER-PSYCH		237,943		237,943
033	NURSERY		120,377		120,377
034	SKILLED NURSING FACILITY		222,263		222,263
035	NURSING FACILITY				
037	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM		1,141,606		1,141,606
038	RECOVERY ROOM		371,223		371,223
039	DELIVERY ROOM & LABOR ROO		78,477		78,477
040	ANESTHESIOLOGY		130,781		130,781
041	RADIOLOGY-DIAGNOSTIC		604,107		604,107
041	01 MAGNETIC RES. IMAGING		377,658		377,658
044	LABORATORY		194,785		194,785
047	BLOOD STORING, PROCESSING		41,363		41,363
049	RESPIRATORY THERAPY		123,795		123,795
050	PHYSICAL THERAPY		230,814		230,814
053	ELECTROCARDIOLOGY		991,576		991,576
054	ELECTROENCEPHALOGRAPHY		67,296		67,296
055	MEDICAL SUPPLIES CHARGED		210,181		210,181
055	30 IMPL. DEV. CHARGED TO PAT		391,128		391,128
056	DRUGS CHARGED TO PATIENTS		375,786		375,786
059	CARDIAC REHAB		64,829		64,829
059	01 BEHAVIORAL OUTPATIENT		26,568		26,568
059	02 SHOCK THERAPY		14,738		14,738
061	OUTPAT SERVICE COST CNTRS				
061	EMERGENCY		327,618		327,618
062	OBSERVATION BEDS (NON-DIS				
068	OTHER REIMBURS COST CNTRS				
068	PURCHASED DIALYSIS SERVIC		6,920		6,920
071	HOME HEALTH AGENCY		255,610		255,610
095	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS		7,868,696		7,868,696
096	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP				
096	01 OAKCREST NH		99,432		99,432
096	02 SHARED SERVICES		22,520		22,520
096	03 MATERNAL HEALTH SERVICES		11,887		11,887
096	04 CAFETERIA VISITORS		10,785		10,785
096	05 TV SERVICE		2,664		2,664
096	06 FUND DEVELOPMENT		33,292		33,292
098	PHYSICIANS' PRIVATE OFFIC				
100	OTHER NONREIMBURSABLE COS				
100	01 KENNEDY LIVING CENTER		26,122		26,122
100	02 OCCUPATIONAL HEALTH SERVI		12,272		12,272
100	03 RENTAL PROPERTIES		196,117		196,117
100	04 AUXILIARY		24,899		24,899
100	05 COMMUNITY EDUC/OUTSIDE LA		72,094		72,094
100	06 RURAL OUTREACH PROGRAM		2,884		2,884

## ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET B
I		I	TO 6/30/2010	I	PART III

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	NONREIMBURS COST CENTERS				
100	07 BAD DEBT EXPENSE				
100	08 LIFELINE		1,528		1,528
100	09 MMC DYERSVILLE		386,933		386,933
100	10 CCH ELKADER		11,202		11,202
100	11 RETAIL PHARMACY		1,152,857		1,152,857
100	12 IDLE SPACE		123,383		123,383
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL		10,059,567		10,059,567

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
		(SQUARE EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET
		3	3.01	3.02	3.03	3.04	3.05
GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD	183,023					
003 01	NEW CAP REL COSTS-47		152,690				
003 02	NEW CAP REL COSTS-DYE			48,776			
003 03	NEW CAP REL COSTS-PRO				48,324		
003 04	NEW CAP REL COSTS-ASB					10,715	
003 05	NEW CAP REL COSTS-MED						11,750
003 06	NEW CAP REL COSTS-ENE						
003 07	NEW CAP REL COSTS-REN						
003 08	NEW CAP REL COSTS-PAR						
003 09	NEW CAP REL COSTS-97						
003 10	NEW CAP REL COSTS-BEL						
003 11	NEW CAP REL COSTS-CAS						
003 12	NEW CAP REL COSTS-RET						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS		2,474				
005 01	CHILD CARE				10,442		
006 01	COMMUNICATIONS	638	552				
006 02	PURCHASING	888					
006 03	PFS/COLLECTION						
006 04	OTHER A & G	26,354	36,880		7,015	7,648	
006 06	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS	18,360	16,870		262		
008	OPERATION OF PLANT	685					
009	LAUNDRY & LINEN SERVI	475	10,022				
010	HOUSEKEEPING	4,021	390		275		
011	DIETARY	10,901					
012	CAFETERIA						
014	NURSING ADMINISTRATIO		3,186				
015	CENTRAL SERVICES & SU	9,741					
016	PHARMACY	1,600	962				
017	MEDICAL RECORDS & LIB	4,713	204			2,552	
018	SOCIAL SERVICE	397	111				
019	CENTRAL STERILIZATION	3,196					
020	NONPHYSICIAN ANESTHET						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	35,521	13,015			515	
026	INTENSIVE CARE UNIT		4,970				
031	SUBPROVIDER		5,616				
031 01	SUBPROVIDER-PSYCH		14,551				
033	NURSERY		3,303				
034	SKILLED NURSING FACIL		10,716				
035	NURSING FACILITY						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	17,335	1,317				
038	RECOVERY ROOM		84				
039	DELIVERY ROOM & LABOR		5,055				
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	10,610					
041 01	MAGNETIC RES. IMAGING	785					
044	LABORATORY	4,273	1,977				
047	BLOOD STORING, PROCES						
049	RESPIRATORY THERAPY		1,179				
050	PHYSICAL THERAPY		6,427		2,439		
053	ELECTROCARDIOLOGY		92				
054	ELECTROENCEPHALOGRAPH		2,666				
055	MEDICAL SUPPLIES CHAR						
055 30	IMPL. DEV. CHARGED TO						
056	DRUGS CHARGED TO PATI						
059	CARDIAC REHAB				6,593		
059 01	BEHAVIORAL OUTPATIENT	381					
059 02	SHOCK THERAPY		1,339				
	OUTPAT SERVICE COST C						
061	EMERGENCY	9,956					
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
068	PURCHASED DIALYSIS SE						
071	HOME HEALTH AGENCY	2,850	131		2,307		
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	163,680	144,089		29,333	10,715	
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE						
096 01	OAKCREST NH			10,943			
096 02	SHARED SERVICES						
096 03	MATERNAL HEALTH SERVI				428		
096 04	CAFETERIA VISITORS						
096 05	TV SERVICE	200					
096 06	FUND DEVELOPMENT		489				
098	PHYSICIANS' PRIVATE O						
100	OTHER NONREIMBURSABLE						
100 01	KENNEDY LIVING CENTER						
100 02	OCCUPATIONAL HEALTH S				117		

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-47 BLDG	NEW CAP REL C OSTS-DYERSVI	NEW CAP REL C OSTS-PROF AR	NEW CAP REL C OSTS-ASBURY	NEW CAP REL C OSTS-MED ART
	(SQUARE EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05
100 03 RENTAL PROPERTIES	1,357	6,663		18,446		
100 04 AUXILIARY	1,043	616				
100 05 COMMUNITY EDUC/OUTSID		736				
100 06 RURAL OUTREACH PROGRA						
100 07 BAD DEBT EXPENSE						
100 08 LIFELINE						
100 09 MMC DYERSVILLE			37,833			9,920
100 10 CCH ELKADER						
100 11 RETAIL PHARMACY						1,830
100 12 IDLE SPACE	16,743	97				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	940,568	758,112	127,852	193,255	2,836	10,465
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.139070		2.621207		.264676	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		4.965040		3.999152		.890638
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		(SQUARE EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET
GENERAL SERVICE COST		3.06	3.07	3.08	3.09	3.10	3.11	3.12
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-47							
003	02 NEW CAP REL COSTS-DYE							
003	03 NEW CAP REL COSTS-PRO							
003	04 NEW CAP REL COSTS-ASB							
003	05 NEW CAP REL COSTS-MED							
003	06 NEW CAP REL COSTS-ENE	9,900						
003	07 NEW CAP REL COSTS-REN		1,000					
003	08 NEW CAP REL COSTS-PAR			1,000				
003	09 NEW CAP REL COSTS-97				73,017			
003	10 NEW CAP REL COSTS-BEL					1,087		
003	11 NEW CAP REL COSTS-CAS						5,475	
003	12 NEW CAP REL COSTS-RET							13,222
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS				53			
005	01 CHILD CARE							
006	01 COMMUNICATIONS							
006	02 PURCHASING							
006	03 PFS/COLLECTION				1,308			
006	04 OTHER A & G			1,000	15,401			
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	1,671			9,760			
008	OPERATION OF PLANT	8,229						
009	LAUNDRY & LINEN SERVI				219			
010	HOUSEKEEPING				695			
011	DIETARY				783			
012	CAFETERIA				6,391			
014	NURSING ADMINISTRATIO				40			
015	CENTRAL SERVICES & SU							
016	PHARMACY							
017	MEDICAL RECORDS & LIB				326			
018	SOCIAL SERVICE							
019	CENTRAL STERILIZATION							
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS				1,223			
026	INTENSIVE CARE UNIT							
031	SUBPROVIDER							
031	01 SUBPROVIDER-PSYCH							
033	NURSERY							
034	SKILLED NURSING FACIL							
035	NURSING FACILITY							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM				3,068			
038	RECOVERY ROOM				13,840			
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY				409			
041	RADIOLOGY-DIAGNOSTIC				357			
041	01 MAGNETIC RES. IMAGING							
044	LABORATORY							
047	BLOOD STORING, PROCES							
049	RESPIRATORY THERAPY							
050	PHYSICAL THERAPY					1,087	1,948	
053	ELECTROCARDIOLOGY				9,349			
054	ELECTROENCEPHALOGRAPH							
055	MEDICAL SUPPLIES CHAR							
055	30 IMPL. DEV. CHARGED TO							
056	DRUGS CHARGED TO PATI							
059	CARDIAC REHAB							
059	01 BEHAVIORAL OUTPATIENT				655			
059	02 SHOCK THERAPY							
	OUTPAT SERVICE COST C							
061	EMERGENCY				5,189			
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
068	PURCHASED DIALYSIS SE							
071	HOME HEALTH AGENCY				1,981			
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	9,900		1,000	71,047	1,087	1,948	
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096	01 OAKCREST NH							
096	02 SHARED SERVICES							
096	03 MATERNAL HEALTH SERVI							
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE							
096	06 FUND DEVELOPMENT							
098	PHYSICIANS' PRIVATE O							
100	OTHER NONREIMBURSABLE							
100	01 KENNEDY LIVING CENTER							
100	02 OCCUPATIONAL HEALTH S							

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-ENERGY	NEW CAP REL C OSTS-RENTAL	NEW CAP REL C OSTS-PARKING	NEW CAP REL C OSTS-97 BUIL	NEW CAP REL C OSTS-BELLEVU	NEW CAP REL C OSTS-CASCADE	NEW CAP REL C OSTS-RETAIL
		(SQUARE EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET
	NONREIMBURS COST CENT	3.06	3.07	3.08	3.09	3.10	3.11	3.12
100	03 RENTAL PROPERTIES		1,000				2,710	
100	04 AUXILIARY				686			
100	05 COMMUNITY EDUC/OUTSID							
100	06 RURAL OUTREACH PROGRA							
100	07 BAD DEBT EXPENSE							
100	08 LIFELINE							
100	09 MMC DYERSVILLE							
100	10 CCH ELKADER							
100	11 RETAIL PHARMACY				1,284		817	13,222
100	12 IDLE SPACE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	88,272	6,859	68,680	1,019,062	1,704	634	47,888
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	8.916364	6.859000	68.680000	13.956503	1.567617	.115799	3.621842
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							



I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

## COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CHILD CARE (PAYROLL EDUCTIONS	COMMUNICATION S (DUBUQUE HONES	PURCHASING P(PURCHASING EQUISITIONS	PFS/COLLECTIO N (GROSS HARGES	C RECONCIL- ) IATION 6a.04
		(DOLLAR ALUE	V( GROSS ) SALARIES					
		4	5	5.01	6.01	6.02	6.03	6a.04
003	GENERAL SERVICE COST							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-DYE							
003	03 NEW CAP REL COSTS-PRO							
003	04 NEW CAP REL COSTS-ASB							
003	05 NEW CAP REL COSTS-MED							
003	06 NEW CAP REL COSTS-ENE							
003	07 NEW CAP REL COSTS-REN							
003	08 NEW CAP REL COSTS-PAR							
003	09 NEW CAP REL COSTS-97							
003	10 NEW CAP REL COSTS-BEL							
003	11 NEW CAP REL COSTS-CAS							
003	12 NEW CAP REL COSTS-RET							
004	NEW CAP REL COSTS-MVB	5,746,050						
005	EMPLOYEE BENEFITS	2,846	42,640,400					
005	01 CHILD CARE	5,988	669,050	349,778				
006	01 COMMUNICATIONS	1,372	192,339	5,241	1,187			
006	02 PURCHASING	375	185,248		11	23,199,228		
006	03 PFS/COLLECTION	828	640,232	195	32		270,174,522	
006	04 OTHER A & G	2,963,499	598,239	11,949	144			-12,844,202
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS	12,244	1,091,406		46	328,681		
008	OPERATION OF PLANT				2	436		
009	LAUNDRY & LINEN SERVI	54,174	510,688	3,500	5	311,188		
010	HOUSEKEEPING	48,155	1,012,187	1,860	7	155,460		
011	DIETARY	21,191	1,412,509	15,283	33	940,157		
012	CAFETERIA							
014	NURSING ADMINISTRATIO	6,062	992,872	11,782	24	38,328		
015	CENTRAL SERVICES & SU	38,158	344,113	510	5	26,186		
016	PHARMACY	100,512	1,534,909	33,720	17	65,700		
017	MEDICAL RECORDS & LIB	3,954	1,979,682	4,788	87	25,504		
018	SOCIAL SERVICE		205,337	2,520	6	259		
019	CENTRAL STERILIZATION	38,247	237,435		3	81,501		
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	31,158	6,198,848	24,657	107	549,579	28,887,862	
026	INTENSIVE CARE UNIT	37,018	1,168,597	11,675	19	160,331	4,272,619	
031	SUBPROVIDER	795	392,804	394	19	22,520	1,249,676	
031	01 SUBPROVIDER-PSYCH	11,985	1,379,419	5,222	39	31,256	5,884,378	
033	NURSERY	31,131	1,014,463	979	16	107,215	3,714,503	
034	SKILLED NURSING FACIL	11,343	1,192,392	11,027	15	118,761	2,925,801	
035	NURSING FACILITY							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	437,400	2,882,857	36,272	71	3,324,712	35,236,240	
038	RECOVERY ROOM	22,655	1,528,629	25,827	39	206,785	5,090,842	
039	DELIVERY ROOM & LABOR		630,135		16	50,268	2,555,168	
040	ANESTHESIOLOGY	96,360	54,804	2,608		249,393	9,614,887	
041	RADIOLOGY-DIAGNOSTIC	341,880	1,684,417	48,898	44	576,990	25,967,980	
041	01 MAGNETIC RES. IMAGING	343,714	153,970		4	46,902	4,537,453	
044	LABORATORY	235			40	973	23,414,948	
047	BLOOD STORING, PROCES	1,646					2,150,492	
049	RESPIRATORY THERAPY	54,971	798,715	12,930	8	212,620	6,884,146	
050	PHYSICAL THERAPY	15,206	1,884,110	20,444	40	85,896	8,078,441	
053	ELECTROCARDIOLOGY	713,424	702,309	5,771	26	829,860	23,504,191	
054	ELECTROENCEPHALOGRAPH	24,321	277,756	9,880	7	23,555	2,367,207	
055	MEDICAL SUPPLIES CHAR	64,591					11,168,190	
055	30 IMPL. DEV. CHARGED TO					8,998,970	12,330,577	
056	DRUGS CHARGED TO PATI					3,690,868	25,501,923	
059	CARDIAC REHAB	3,621	266,413	875	8	8,354	748,409	
059	01 BEHAVIORAL OUTPATIENT	53	178,654	3,016	18	3,931	864,963	
059	02 SHOCK THERAPY	2,182	24,417			8,950	414,931	
061	OUTPAT SERVICE COST C							
062	EMERGENCY	37,008	1,482,892	12,228	52	229,369	14,248,466	
	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
068	PURCHASED DIALYSIS SE					59	521,065	
071	HOME HEALTH AGENCY	14,394	2,016,168	25,727	69	990,038		
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	5,594,696	37,519,015	349,778	1,079	22,501,555	262,135,358	-12,844,202
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096	01 OAKCREST NH	8,535	888,254			79,805	2,224,981	
096	02 SHARED SERVICES	186	476,862		3	1,992		
096	03 MATERNAL HEALTH SERVI		89,464		8	10,930	154,011	
096	04 CAFETERIA VISITORS							
096	05 TV SERVICE		6,452					
096	06 FUND DEVELOPMENT	60	452,670		7	35,804		
098	PHYSICIANS' PRIVATE O							
100	OTHER NONREIMBURSABLE							
100	01 KENNEDY LIVING CENTER		548,112			3,201		
100	02 OCCUPATIONAL HEALTH S	644	50,707			73,968		

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	CHILD CARE (PAYROLL EDUCTIONS	COMMUNICATION S	PURCHASING P(PURCHASING EQUISITIONS	PFS/COLLECTIO N R(GROSS HARGES	C RECONCIL- ) IATION
	(DOLLAR ALUE	V( GROSS ) SALARIES	(PAYROLL EDUCTIONS	D(DUBUQUE )HONES	P(PURCHASING EQUISITIONS	R(GROSS HARGES	C RECONCIL- ) IATION
NONREIMBURS COST CENT	4	5	5.01	6.01	6.02	6.03	6a.04
100 03 RENTAL PROPERTIES				17	80		
100 04 AUXILIARY				6			
100 05 COMMUNITY EDUC/OUTSID		97,462		4	1,258		
100 06 RURAL OUTREACH PROGRA		38,518		2	2,505		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		17,532		4	10,058		
100 09 MMC DYERSVILLE	77,023	2,255,574		6	464,853	5,660,172	
100 10 CCH ELKADER		199,355					
100 11 RETAIL PHARMACY	64,906	423		51	13,219		
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,746,050	2,168,884	305,736	283,905	678,642	1,816,687	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.000000	.050865	.874086	239.178602	.029253	.006724	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		15,870	47,996	9,701	12,951	23,657	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000372	.137218	8.172704	.000558	.000088	

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

## COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		OTHER A & G		OTHER ADMINIS TRATIVE AND		MAINTENANCE & OPERATION OF PLANT		LAUNDRY & LIN EN SERVICE		HOUSEKEEPING	
		( ACCUM. COST )	RECONCIL- IATION	( ACCUM. COST )	(SQUARE )EET	F(SQUARE )EET	F(SQUARE )EET	F(POUNDS )AUNDRY	L(SQUARE )EET	F )	
		6.04	6a.06	6.06	7	8		9	10		
GENERAL SERVICE COST											
003	NEW CAP REL COSTS-BLD										
003	01 NEW CAP REL COSTS-47										
003	02 NEW CAP REL COSTS-DYE										
003	03 NEW CAP REL COSTS-PRO										
003	04 NEW CAP REL COSTS-ASB										
003	05 NEW CAP REL COSTS-MED										
003	06 NEW CAP REL COSTS-ENE										
003	07 NEW CAP REL COSTS-REN										
003	08 NEW CAP REL COSTS-PAR										
003	09 NEW CAP REL COSTS-97										
003	10 NEW CAP REL COSTS-BEL										
003	11 NEW CAP REL COSTS-CAS										
003	12 NEW CAP REL COSTS-RET										
004	NEW CAP REL COSTS-MVB										
005	EMPLOYEE BENEFITS										
005	01 CHILD CARE										
006	01 COMMUNICATIONS										
006	02 PURCHASING										
006	03 PFS/COLLECTION										
006	04 OTHER A & G	119,342,293									
006	06 OTHER ADMINISTRATIVE			132,186,495							
007	MAINTENANCE & REPAIRS	5,698,417		6,311,709		318,026					
008	OPERATION OF PLANT	185,215		205,149		8,914	309,112				
009	LAUNDRY & LINEN SERVI	1,186,713		1,314,433	10,716	10,716		2,008,340			
010	HOUSEKEEPING	1,730,070		1,916,269	5,381	5,381		52,472	276,175		
011	DIETARY	2,133,887		2,363,547	11,684	11,684		15,422	11,684		
012	CAFETERIA	89,196		98,796	6,391	6,391			6,391		
014	NURSING ADMINISTRATIO	1,830,875		2,027,923	3,226	3,226			3,226		
015	CENTRAL SERVICES & SU	598,133		662,507	9,741	9,741		802	9,741		
016	PHARMACY	2,361,835		2,616,027	2,562	2,562		2,135	2,562		
017	MEDICAL RECORDS & LIB	2,743,768		3,039,066	5,243	5,243			5,243		
018	SOCIAL SERVICE	284,026		314,594	508	508			508		
019	CENTRAL STERILIZATION	468,379		518,788	3,196	3,196			3,196		
020	NONPHYSICIAN ANESTHET										
	INPAT ROUTINE SRVC CN										
025	ADULTS & PEDIATRICS	9,446,088		10,462,723	49,759	49,759		377,389	49,759		
026	INTENSIVE CARE UNIT	1,754,234		1,943,033	4,970	4,970		37,565	4,970		
031	SUBPROVIDER	653,502		723,835	5,616	5,616		11,606	5,616		
031	01 SUBPROVIDER-PSYCH	1,987,041		2,200,896	14,551	14,551		31,501	14,551		
033	NURSERY	1,388,850		1,538,325	3,303	3,303			3,303		
034	SKILLED NURSING FACIL	1,804,189		1,998,365	10,716	10,716		67,761	10,716		
035	NURSING FACILITY										
	ANCILLARY SRVC COST C										
037	OPERATING ROOM	6,466,316		7,162,253	21,720	21,720		260,769	21,720		
038	RECOVERY ROOM	2,411,866		2,671,443	13,924	13,924		67,959	13,924		
039	DELIVERY ROOM & LABOR	755,439		836,743	5,055	5,055			5,055		
040	ANESTHESIOLOGY	365,044		404,332	409	409			409		
041	RADIOLOGY-DIAGNOSTIC	3,521,266		3,900,242	10,967	10,967		38,970	10,967		
041	01 MAGNETIC RES. IMAGING	628,154		695,759	785	785			785		
044	LABORATORY	3,775,822		4,182,195	6,250	6,250		4,759	6,250		
047	BLOOD STORING, PROCES	1,116,929		1,237,138							
049	RESPIRATORY THERAPY	1,400,715		1,551,467	1,179	1,179		811	1,179		
050	PHYSICAL THERAPY	2,787,100		3,087,062	8,866	8,866		11,302	8,866		
053	ELECTROCARDIOLOGY	2,538,163		2,811,333	9,441	9,441		26,816	9,441		
054	ELECTROENCEPHALOGRAPH	454,949		503,913	2,666	2,666		10,690	2,666		
055	MEDICAL SUPPLIES CHAR	2,652,194		2,937,636							
055	30 IMPL. DEV. CHARGED TO	9,345,123		10,350,892							
056	DRUGS CHARGED TO PATI	4,268,289		4,727,664							
059	CARDIAC REHAB	403,647		447,090	6,593	6,593			6,593		
059	01 BEHAVIORAL OUTPATIENT	283,704		314,238	1,036	1,036			1,036		
059	02 SHOCK THERAPY	52,484		58,133	1,339	1,339			1,339		
	OUTPAT SERVICE COST C										
061	EMERGENCY	2,462,399		2,727,415	15,145	15,145		115,418	15,145		
062	OBSERVATION BEDS (NON										
	OTHER REIMBURS COST C										
068	PURCHASED DIALYSIS SE	191,722		212,356							
071	HOME HEALTH AGENCY	3,953,563		4,379,065	7,269	7,269			7,269		
	SPEC PURPOSE COST CEN										
095	SUBTOTALS	86,179,306		95,454,354	269,121	260,207		1,134,147	244,110		
	NONREIMBURS COST CENT										
096	GIFT, FLOWER, COFFEE										
096	01 OAKCREST NH	1,366,188		1,513,224				89,761			
096	02 SHARED SERVICES	610,163		675,832							
096	03 MATERNAL HEALTH SERVI	177,651		196,771	428	428		1,392	428		
096	04 CAFETERIA VISITORS										
096	05 TV SERVICE	32,254		35,725	200	200			200		
096	06 FUND DEVELOPMENT	812,989		900,487	489	489			489		
098	PHYSICIANS' PRIVATE O										
100	OTHER NONREIMBURSABLE										
100	01 KENNEDY LIVING CENTER	755,708		837,041							
100	02 OCCUPATIONAL HEALTH S	195,509		216,551	117	117			117		

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION		OTHER A & G		OTHER ADMINIS TRATIVE AND		MAINTENANCE & REPAIRS		& OPERATION OF PLANT		LAUNDRY & LIN EN SERVICE		HOUSEKEEPING	
		( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	(SQUARE )EET	(SQUARE )EET	F(SQUARE )EET	F(POUNDS OF )AUNDRY	L(SQUARE )EET	F )			
	NONREIMBURS COST CENT	6.04	6a.06	6.06	7	8	9	10					
100	03 RENTAL PROPERTIES	148,446		164,423	26,466	26,466			26,466				
100	04 AUXILIARY	19,427		21,518	2,345	2,345			2,345				
100	05 COMMUNITY EDUC/OUTSID	139,486		154,498	736	736		714,198					
100	06 RURAL OUTREACH PROGRA	78,018		86,415									
100	07 BAD DEBT EXPENSE												
100	08 LIFELINE	38,700		42,865									
100	09 MMC DYERSVILLE	5,092,657		5,640,754					40,018				
100	10 CCH ELKADER	252,502		279,678					28,824				
100	11 RETAIL PHARMACY	23,356,764		25,870,522	1,284	1,284						1,284	
100	12 IDLE SPACE	86,525		95,837	16,840	16,840							
101	CROSS FOOT ADJUSTMENT												
102	NEGATIVE COST CENTER												
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	12,844,202			6,311,709	382,061		1,540,353		2,069,959			
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.107625			19.846519			.766978		7.495099			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							1.235995					
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)												
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	4,089,468			538,870	98,360		172,548		173,505			
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.034267			1.694421			.085916		.628243			
								.318202					

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		(MEALS	(HOURS OF SERVICE	S(HOURS OF SERVICE	S(PURCHASING EQUISITIONS	R(PHARMACY EQS	R(GROSS HARGES	C(CASES )
		11	12	14	15	16	17	18
003	GENERAL SERVICE COST							
003	01 NEW CAP REL COSTS-BLD							
003	02 NEW CAP REL COSTS-DYE							
003	03 NEW CAP REL COSTS-PRO							
003	04 NEW CAP REL COSTS-ASB							
003	05 NEW CAP REL COSTS-MED							
003	06 NEW CAP REL COSTS-ENE							
003	07 NEW CAP REL COSTS-REN							
003	08 NEW CAP REL COSTS-PAR							
003	09 NEW CAP REL COSTS-97							
003	10 NEW CAP REL COSTS-BEL							
003	11 NEW CAP REL COSTS-CAS							
003	12 NEW CAP REL COSTS-RET							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
005	01 CHILD CARE							
006	01 COMMUNICATIONS							
006	02 PURCHASING							
006	03 PFS/COLLECTION							
006	04 OTHER A & G							
006	06 OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING							
011	DIETARY	129,164						
012	CAFETERIA	6,439	1,352,047					
014	NURSING ADMINISTRATIO		35,120	993,588				
015	CENTRAL SERVICES & SU		24,918		21,398,792			
016	PHARMACY		46,595		65,700	4,412,974		
017	MEDICAL RECORDS & LIB		94,291		25,504	17	262,135,358	
018	SOCIAL SERVICE		11,166		259			6,892
019	CENTRAL STERILIZATION		16,676	16,676	81,501	276		
020	NONPHYSICIAN ANESTHET							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	72,778	264,167	264,167	549,579	94,888	28,887,862	4,835
026	INTENSIVE CARE UNIT	4,563	44,012	44,012	160,331	24,590	4,272,619	156
031	SUBPROVIDER	3,372	17,004	17,004	22,520		1,249,676	80
031	01 SUBPROVIDER-PSYCH	14,682	56,992	56,992	31,256	541	5,884,378	939
033	NURSERY		37,387	37,387	107,215	2,852	3,714,503	328
034	SKILLED NURSING FACIL	17,879	62,583	62,583	118,761	11,429	2,925,801	460
035	NURSING FACILITY							
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	44	117,871	117,871	3,324,712	39,550	35,236,240	
038	RECOVERY ROOM	2,041	63,718	63,718	206,785	69,381	5,090,842	
039	DELIVERY ROOM & LABOR		25,348	25,348	50,268		2,555,168	
040	ANESTHESIOLOGY		4,032	4,032	249,393	111,948	9,614,887	
041	RADIOLOGY-DIAGNOSTIC		70,053		576,990	66,889	25,967,980	
041	01 MAGNETIC RES. IMAGING		5,891		46,902	45,989	4,537,453	
044	LABORATORY				973		23,414,948	
047	BLOOD STORING, PROCES						2,150,492	
049	RESPIRATORY THERAPY		34,253		212,620	1,078	6,884,146	
050	PHYSICAL THERAPY		74,274		85,896	933	8,078,441	
053	ELECTROCARDIOLOGY		26,242	26,242	829,860	49,418	23,504,191	
054	ELECTROENCEPHALOGRAPH		12,093		23,555	8	2,367,207	
055	MEDICAL SUPPLIES CHAR					2,654	11,168,190	
055	30 IMPL. DEV. CHARGED TO				8,998,970		12,330,577	
056	DRUGS CHARGED TO PATI				3,690,868	3,679,562	25,501,923	
059	CARDIAC REHAB		9,782	9,782	8,354	35	748,409	
059	01 BEHAVIORAL OUTPATIENT		9,068	9,068	3,931		864,963	
059	02 SHOCK THERAPY		1,088	1,088	8,950	331	414,931	
	OUTPAT SERVICE COST C							
061	EMERGENCY	293	59,032	59,032	229,369	39,923	14,248,466	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
068	PURCHASED DIALYSIS SE				59		521,065	
071	HOME HEALTH AGENCY		91,714	91,714	990,038	2,778		
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	122,091	1,315,370	906,716	20,701,119	4,245,070	262,135,358	6,798
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
096	01 OAKCREST NH			55,361	79,805	9,015		9
096	02 SHARED SERVICES		13,750		1,992			
096	03 MATERNAL HEALTH SERVI		4,048	4,048	10,930	5,892		
096	04 CAFETERIA VISITORS	7,073						
096	05 TV SERVICE							
096	06 FUND DEVELOPMENT		13,396		35,804			
098	PHYSICIANS' PRIVATE O							
100	OTHER NONREIMBURSABLE							
100	01 KENNEDY LIVING CENTER				3,201			
100	02 OCCUPATIONAL HEALTH S				73,968	71,300		

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	DIETARY (MEALS	CAFETERIA (HOURS OF SERVICE	NURSING ADMIN ISTRATION S(HOURS OF SERVICE	CENTRAL SERVI CES & SUPPLY S(PURCHASING EQUISITIONS	PHARMACY R(PHARMACY EQS	MEDICAL RECOR DS & LIBRARY R(GROSS HARGES	SOCIAL SERVIC E C(CASES )
	11	12	14	15	16	17	18
NONREIMBURS COST CENT							
100 03 RENTAL PROPERTIES				80			
100 04 AUXILIARY							
100 05 COMMUNITY EDUC/OUTSID		3,143		1,258			
100 06 RURAL OUTREACH PROGRA		1,266		2,505	1,045		
100 07 BAD DEBT EXPENSE							
100 08 LIFELINE		1,045		10,058			
100 09 MMC DYERSVILLE			27,463	464,853	80,288		85
100 10 CCH ELKADER							
100 11 RETAIL PHARMACY		29		13,219	364		
100 12 IDLE SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,709,276	416,496	2,130,933	949,173	2,708,147	3,219,085	332,563
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.308048		.044356		.012280	
(WRKSHT B, PT I)	20.975473		2.144685		.613678		48.253482
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	196,948	118,948	101,330	136,954	223,948	152,856	15,121
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.087976		.006400		.000583	
(WRKSHT B, PT III)	1.524790		.101984		.050748		2.193993

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET B-1  
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION	CENTRAL STERI LIZATION (HOURS	NONPHYSICIAN ANESTHETISTS
GENERAL SERVICE COST	19	20
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-47		
003 02 NEW CAP REL COSTS-DYE		
003 03 NEW CAP REL COSTS-PRO		
003 04 NEW CAP REL COSTS-ASB		
003 05 NEW CAP REL COSTS-MED		
003 06 NEW CAP REL COSTS-ENE		
003 07 NEW CAP REL COSTS-REN		
003 08 NEW CAP REL COSTS-PAR		
003 09 NEW CAP REL COSTS-97		
003 10 NEW CAP REL COSTS-BEL		
003 11 NEW CAP REL COSTS-CAS		
003 12 NEW CAP REL COSTS-RET		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
005 01 CHILD CARE		
006 01 COMMUNICATIONS		
006 02 PURCHASING		
006 03 PFS/COLLECTION		
006 04 OTHER A & G		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 CENTRAL STERILIZATION	10,111	
020 NONPHYSICIAN ANESTHET		
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER-PSYCH		
033 NURSERY		
034 SKILLED NURSING FACIL		
035 NURSING FACILITY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	7,327	
038 RECOVERY ROOM		
039 DELIVERY ROOM & LABOR	840	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	1,328	
041 01 MAGNETIC RES. IMAGING		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
059 CARDIAC REHAB		
059 01 BEHAVIORAL OUTPATIENT		
059 02 SHOCK THERAPY		
OUTPAT SERVICE COST C		
061 EMERGENCY	616	
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
068 PURCHASED DIALYSIS SE		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	10,111	
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 OAKCREST NH		
096 02 SHARED SERVICES		
096 03 MATERNAL HEALTH SERVI		
096 04 CAFETERIA VISITORS		
096 05 TV SERVICE		
096 06 FUND DEVELOPMENT		
098 PHYSICIANS' PRIVATE O		
100 OTHER NONREIMBURSABLE		
100 01 KENNEDY LIVING CENTER		
100 02 OCCUPATIONAL HEALTH S		

## COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET B-1
I		I	TO 6/30/2010	I	

COST CENTER DESCRIPTION	CENTRAL STERI LIZATION	NONPHYSICIAN ANESTHETISTS
	(HOURS	)
	19	20
NONREIMBURS COST CENT		
100 03 RENTAL PROPERTIES		
100 04 AUXILIARY		
100 05 COMMUNITY EDUC/OUTSID		
100 06 RURAL OUTREACH PROGRA		
100 07 BAD DEBT EXPENSE		
100 08 LIFELINE		
100 09 MMC DYERSVILLE		
100 10 CCH ELKADER		
100 11 RETAIL PHARMACY		
100 12 IDLE SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	654,807	
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	64.761844	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	83,023	
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	8.211156	



## POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:  
I 16-0069  
II PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I  
I WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	
5 A&P TO SDS	1	25	-768,204
6 SDS FROM A&P	1	38	768,204

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET C
I		I	TO 6/30/2010	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	14,251,108		14,251,108		14,251,108
31	INTENSIVE CARE UNIT	2,399,735		2,399,735		2,399,735
31	SUBPROVIDER	1,025,868		1,025,868	5,181	1,031,049
31	01 SUBPROVIDER-PSYCH	3,207,926		3,207,926		3,207,926
33	NURSERY	1,792,363		1,792,363		1,792,363
34	SKILLED NURSING FACILITY	2,955,501		2,955,501		2,955,501
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,352,009		9,352,009		9,352,009
38	RECOVERY ROOM	4,203,045		4,203,045		4,203,045
39	DELIVERY ROOM & LABOR ROO	1,131,381		1,131,381		1,131,381
40	ANESTHESIOLOGY	623,742		623,742		623,742
41	RADIOLOGY-DIAGNOSTIC	4,736,654		4,736,654	24,605	4,761,259
41	01 MAGNETIC RES. IMAGING	806,030		806,030		806,030
44	LABORATORY	4,652,034		4,652,034		4,652,034
47	BLOOD STORING, PROCESSING	1,263,546		1,263,546		1,263,546
49	RESPIRATORY THERAPY	1,690,964		1,690,964		1,690,964
50	PHYSICAL THERAPY	3,475,565		3,475,565		3,475,565
53	ELECTROCARDIOLOGY	3,521,833		3,521,833		3,521,833
54	ELECTROENCEPHALOGRAPHY	622,144		622,144		622,144
55	MEDICAL SUPPLIES CHARGED	3,076,410		3,076,410		3,076,410
55	30 IMPL. DEV. CHARGED TO PAT	10,901,478		10,901,478		10,901,478
56	DRUGS CHARGED TO PATIENTS	7,462,609		7,462,609		7,462,609
59	CARDIAC REHAB	669,076		669,076		669,076
59	01 BEHAVIORAL OUTPATIENT	376,881		376,881	9,815	386,696
59	02 SHOCK THERAPY	104,761		104,761		104,761
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,649,220		3,649,220	82,162	3,731,382
62	OBSERVATION BEDS (NON-DIS	961,122		961,122		961,122
	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVIC	218,758		218,758		218,758
101	SUBTOTAL	89,131,763		89,131,763	121,763	89,253,526
102	LESS OBSERVATION BEDS	961,122		961,122		961,122
103	TOTAL	88,170,641		88,170,641	121,763	88,292,404

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET C  
 I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	25,406,112		25,406,112			
26	INTENSIVE CARE UNIT	4,234,091		4,234,091			
31	SUBPROVIDER	1,240,356		1,240,356			
31	01 SUBPROVIDER-PSYCH	5,851,844		5,851,844			
33	NURSERY	3,588,513		3,588,513			
34	SKILLED NURSING FACILITY	2,923,373		2,923,373			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,035,177	15,775,444	33,810,621	.276600	.276600	.276600
38	RECOVERY ROOM	2,203,329	3,776,868	5,980,197	.702827	.702827	.702827
39	DELIVERY ROOM & LABOR ROO	2,350,425	104,941	2,455,366	.460779	.460779	.460779
40	ANESTHESIOLOGY	5,325,701	4,000,169	9,325,870	.066883	.066883	.066883
41	RADIOLOGY-DIAGNOSTIC	8,034,000	17,010,929	25,044,929	.189126	.189126	.190109
41	01 MAGNETIC RES. IMAGING	1,060,565	3,113,095	4,173,660	.193123	.193123	.193123
44	LABORATORY	15,667,187	7,399,007	23,066,194	.201682	.201682	.201682
47	BLOOD STORING, PROCESSING	1,605,963	522,548	2,128,511	.593629	.593629	.593629
49	RESPIRATORY THERAPY	6,075,109	750,463	6,825,572	.247740	.247740	.247740
50	PHYSICAL THERAPY	4,214,240	3,556,188	7,770,428	.447281	.447281	.447281
53	ELECTROCARDIOLOGY	9,925,885	13,295,868	23,221,753	.151661	.151661	.151661
54	ELECTROENCEPHALOGRAPHY	300,533	1,990,894	2,291,427	.271509	.271509	.271509
55	MEDICAL SUPPLIES CHARGED	7,026,877	4,102,744	11,129,621	.276416	.276416	.276416
55	30 IMPL. DEV. CHARGED TO PAT	9,137,138	3,193,439	12,330,577	.884101	.884101	.884101
56	DRUGS CHARGED TO PATIENTS	18,314,880	6,650,747	24,965,627	.298915	.298915	.298915
59	CARDIAC REHAB	97,091	650,324	747,415	.895187	.895187	.895187
59	01 BEHAVIORAL OUTPATIENT	37,329	800,187	837,516	.449999	.449999	.461718
59	02 SHOCK THERAPY	137,082	277,849	414,931	.252478	.252478	.252478
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,060,267	8,970,497	14,030,764	.260087	.260087	.265943
62	OBSERVATION BEDS (NON-DIS	364,692	1,609,607	1,974,299	.486817	.486817	.486817
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	489,369	31,696	521,065	.419829	.419829	.419829
101	SUBTOTAL	158,707,128	97,583,504	256,290,632			
102	LESS OBSERVATION BEDS						
103	TOTAL	158,707,128	97,583,504	256,290,632			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET C
I		I	TO 6/30/2010	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	14,251,108		14,251,108		14,251,108
26	INTENSIVE CARE UNIT	2,399,735		2,399,735		2,399,735
31	SUBPROVIDER	1,025,868		1,025,868	5,181	1,031,049
31 01	SUBPROVIDER-PSYCH	3,207,926		3,207,926		3,207,926
33	NURSERY	1,792,363		1,792,363		1,792,363
34	SKILLED NURSING FACILITY	2,955,501		2,955,501		2,955,501
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,352,009		9,352,009		9,352,009
38	RECOVERY ROOM	4,203,045		4,203,045		4,203,045
39	DELIVERY ROOM & LABOR ROO	1,131,381		1,131,381		1,131,381
40	ANESTHESIOLOGY	623,742		623,742		623,742
41	RADIOLOGY-DIAGNOSTIC	4,736,654		4,736,654	24,605	4,761,259
41 01	MAGNETIC RES. IMAGING	806,030		806,030		806,030
44	LABORATORY	4,652,034		4,652,034		4,652,034
47	BLOOD STORING, PROCESSING	1,263,546		1,263,546		1,263,546
49	RESPIRATORY THERAPY	1,690,964		1,690,964		1,690,964
50	PHYSICAL THERAPY	3,475,565		3,475,565		3,475,565
53	ELECTROCARDIOLOGY	3,521,833		3,521,833		3,521,833
54	ELECTROENCEPHALOGRAPHY	622,144		622,144		622,144
55	MEDICAL SUPPLIES CHARGED	3,076,410		3,076,410		3,076,410
55 30	IMPL. DEV. CHARGED TO PAT	10,901,478		10,901,478		10,901,478
56	DRUGS CHARGED TO PATIENTS	7,462,609		7,462,609		7,462,609
59	CARDIAC REHAB	669,076		669,076		669,076
59 01	BEHAVIORAL OUTPATIENT	376,881		376,881	9,815	386,696
59 02	SHOCK THERAPY	104,761		104,761		104,761
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,649,220		3,649,220	82,162	3,731,382
62	OBSERVATION BEDS (NON-DIS	961,122		961,122		961,122
	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVIC	218,758		218,758		218,758
101	SUBTOTAL	89,131,763		89,131,763	121,763	89,253,526
102	LESS OBSERVATION BEDS	961,122		961,122		961,122
103	TOTAL	88,170,641		88,170,641	121,763	88,292,404

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEETI  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010I PREPARED 11/29/2010  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	25,406,112		25,406,112			
26	INTENSIVE CARE UNIT	4,234,091		4,234,091			
31	SUBPROVIDER	1,240,356		1,240,356			
31	01 SUBPROVIDER-PSYCH	5,851,844		5,851,844			
33	NURSERY	3,588,513		3,588,513			
34	SKILLED NURSING FACILITY	2,923,373		2,923,373			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,035,177	15,775,444	33,810,621	.276600	.276600	.276600
38	RECOVERY ROOM	2,203,329	3,776,868	5,980,197	.702827	.702827	.702827
39	DELIVERY ROOM & LABOR ROO	2,350,425	104,941	2,455,366	.460779	.460779	.460779
40	ANESTHESIOLOGY	5,325,701	4,000,169	9,325,870	.066883	.066883	.066883
41	RADIOLOGY-DIAGNOSTIC	8,034,000	17,010,929	25,044,929	.189126	.189126	.190109
41	01 MAGNETIC RES. IMAGING	1,060,565	3,113,095	4,173,660	.193123	.193123	.193123
44	LABORATORY	15,667,187	7,399,007	23,066,194	.201682	.201682	.201682
47	BLOOD STORING, PROCESSING	1,605,963	522,548	2,128,511	.593629	.593629	.593629
49	RESPIRATORY THERAPY	6,075,109	750,463	6,825,572	.247740	.247740	.247740
50	PHYSICAL THERAPY	4,214,240	3,556,188	7,770,428	.447281	.447281	.447281
53	ELECTROCARDIOLOGY	9,925,885	13,295,868	23,221,753	.151661	.151661	.151661
54	ELECTROENCEPHALOGRAPHY	300,533	1,990,894	2,291,427	.271509	.271509	.271509
55	MEDICAL SUPPLIES CHARGED	7,026,877	4,102,744	11,129,621	.276416	.276416	.276416
55	30 IMPL. DEV. CHARGED TO PAT	9,137,138	3,193,439	12,330,577	.884101	.884101	.884101
56	DRUGS CHARGED TO PATIENTS	18,314,880	6,650,747	24,965,627	.298915	.298915	.298915
59	CARDIAC REHAB	97,091	650,324	747,415	.895187	.895187	.895187
59	01 BEHAVIORAL OUTPATIENT	37,329	800,187	837,516	.449999	.449999	.461718
59	02 SHOCK THERAPY	137,082	277,849	414,931	.252478	.252478	.252478
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,060,267	8,970,497	14,030,764	.260087	.260087	.265943
62	OBSERVATION BEDS (NON-DIS	364,692	1,609,607	1,974,299	.486817	.486817	.486817
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	489,369	31,696	521,065	.419829	.419829	.419829
101	SUBTOTAL	158,707,128	97,583,504	256,290,632			
102	LESS OBSERVATION BEDS						
103	TOTAL	158,707,128	97,583,504	256,290,632			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,352,009	1,141,606	8,210,403			9,352,009
39	RECOVERY ROOM	4,203,045	371,223	3,831,822			4,203,045
40	DELIVERY ROOM & LABOR ROO	1,131,381	78,477	1,052,904			1,131,381
41	ANESTHESIOLOGY	623,742	130,781	492,961			623,742
41	RADIOLOGY-DIAGNOSTIC	4,736,654	604,107	4,132,547			4,736,654
41 01	MAGNETIC RES. IMAGING	806,030	377,658	428,372			806,030
44	LABORATORY	4,652,034	194,785	4,457,249			4,652,034
47	BLOOD STORING, PROCESSING	1,263,546	41,363	1,222,183			1,263,546
49	RESPIRATORY THERAPY	1,690,964	123,795	1,567,169			1,690,964
50	PHYSICAL THERAPY	3,475,565	230,814	3,244,751			3,475,565
53	ELECTROCARDIOLOGY	3,521,833	991,576	2,530,257			3,521,833
54	ELECTROENCEPHALOGRAPHY	622,144	67,296	554,848			622,144
55	MEDICAL SUPPLIES CHARGED	3,076,410	210,181	2,866,229			3,076,410
55 30	IMPL. DEV. CHARGED TO PAT	10,901,478	391,128	10,510,350			10,901,478
56	DRUGS CHARGED TO PATIENTS	7,462,609	375,786	7,086,823			7,462,609
59	CARDIAC REHAB	669,076	64,829	604,247			669,076
59 01	BEHAVIORAL OUTPATIENT	376,881	26,568	350,313			376,881
59 02	SHOCK THERAPY	104,761	14,738	90,023			104,761
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,649,220	327,618	3,321,602			3,649,220
62	OBSERVATION BEDS (NON-DIS	961,122	68,207	892,915			961,122
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	218,758	6,920	211,838			218,758
101	SUBTOTAL	63,499,262	5,839,456	57,659,806			63,499,262
102	LESS OBSERVATION BEDS	961,122	68,207	892,915			961,122
103	TOTAL	62,538,140	5,771,249	56,766,891			62,538,140

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 16-0069  
 I PERIOD: FROM 7/ 1/2009 TO 6/30/2010  
 I PREPARED 11/29/2010  
 I WORKSHEET C  
 I PART II

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,810,621	.276600	.276600
38	RECOVERY ROOM	5,980,197	.702827	.702827
39	DELIVERY ROOM & LABOR ROO	2,455,366	.460779	.460779
40	ANESTHESIOLOGY	9,325,870	.066883	.066883
41	RADIOLOGY-DIAGNOSTIC	25,044,929	.189126	.189126
41	01 MAGNETIC RES. IMAGING	4,173,660	.193123	.193123
44	LABORATORY	23,066,194	.201682	.201682
47	BLOOD STORING, PROCESSING	2,128,511	.593629	.593629
49	RESPIRATORY THERAPY	6,825,572	.247740	.247740
50	PHYSICAL THERAPY	7,770,428	.447281	.447281
53	ELECTROCARDIOLOGY	23,221,753	.151661	.151661
54	ELECTROENCEPHALOGRAPHY	2,291,427	.271509	.271509
55	MEDICAL SUPPLIES CHARGED	11,129,621	.276416	.276416
55	30 IMPL. DEV. CHARGED TO PAT	12,330,577	.884101	.884101
56	DRUGS CHARGED TO PATIENTS	24,965,627	.298915	.298915
59	CARDIAC REHAB	747,415	.895187	.895187
59	01 BEHAVIORAL OUTPATIENT	837,516	.449999	.449999
59	02 SHOCK THERAPY	414,931	.252478	.252478
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,030,764	.260087	.260087
62	OBSERVATION BEDS (NON-DIS	1,974,299	.486817	.486817
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	521,065	.419829	.419829
101	SUBTOTAL	213,046,343		
102	LESS OBSERVATION BEDS	1,974,299		
103	TOTAL	211,072,044		

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER  
 CALCULATION OF OUTPATIENT SERVICE COST TO  
 CHARGE RATIOS NET OF REDUCTIONS  
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET C  
 I I TO 6/30/2010 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,352,009	1,141,606	8,210,403	114,161	476,203	8,761,645
39	RECOVERY ROOM	4,203,045	371,223	3,831,822	37,122	222,246	3,943,677
40	DELIVERY ROOM & LABOR ROO	1,131,381	78,477	1,052,904	7,848	61,068	1,062,465
41	ANESTHESIOLOGY	623,742	130,781	492,961	13,078	28,592	582,072
41	RADIOLOGY-DIAGNOSTIC	4,736,654	604,107	4,132,547	60,411	239,688	4,436,555
41	01 MAGNETIC RES. IMAGING	806,030	377,658	428,372	37,766	24,846	743,418
44	LABORATORY	4,652,034	194,785	4,457,249	19,479	258,520	4,374,035
47	BLOOD STORING, PROCESSING	1,263,546	41,363	1,222,183	4,136	70,887	1,188,523
49	RESPIRATORY THERAPY	1,690,964	123,795	1,567,169	12,380	90,896	1,587,688
50	PHYSICAL THERAPY	3,475,565	230,814	3,244,751	23,081	188,196	3,264,288
53	ELECTROCARDIOLOGY	3,521,833	991,576	2,530,257	99,158	146,755	3,275,920
54	ELECTROENCEPHALOGRAPHY	622,144	67,296	554,848	6,730	32,181	583,233
55	MEDICAL SUPPLIES CHARGED	3,076,410	210,181	2,866,229	21,018	166,241	2,889,151
55	30 IMPL. DEV. CHARGED TO PAT	10,901,478	391,128	10,510,350	39,113	609,600	10,252,765
56	DRUGS CHARGED TO PATIENTS	7,462,609	375,786	7,086,823	37,579	411,036	7,013,994
59	CARDIAC REHAB	669,076	64,829	604,247	6,483	35,046	627,547
59	01 BEHAVIORAL OUTPATIENT	376,881	26,568	350,313	2,657	20,318	353,906
59	02 SHOCK THERAPY	104,761	14,738	90,023	1,474	5,221	98,066
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,649,220	327,618	3,321,602	32,762	192,653	3,423,805
62	OBSERVATION BEDS (NON-DIS	961,122	68,207	892,915	6,821	51,789	902,512
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	218,758	6,920	211,838	692	12,287	205,779
101	SUBTOTAL	63,499,262	5,839,456	57,659,806	583,949	3,344,269	59,571,044
102	LESS OBSERVATION BEDS	961,122	68,207	892,915	6,821	51,789	902,512
103	TOTAL	62,538,140	5,771,249	56,766,891	577,128	3,292,480	58,668,532



WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	33,810,621	.259139	.273223
38	RECOVERY ROOM	5,980,197	.659456	.696620
39	DELIVERY ROOM & LABOR ROO	2,455,366	.432711	.457583
40	ANESTHESIOLOGY	9,325,870	.062415	.065481
41	RADIOLOGY-DIAGNOSTIC	25,044,929	.177144	.186714
41 01	MAGNETIC RES. IMAGING	4,173,660	.178121	.184074
44	LABORATORY	23,066,194	.189630	.200837
47	BLOOD STORING, PROCESSING	2,128,511	.558382	.591686
49	RESPIRATORY THERAPY	6,825,572	.232609	.245926
50	PHYSICAL THERAPY	7,770,428	.420091	.444311
53	ELECTROCARDIOLOGY	23,221,753	.141071	.147391
54	ELECTROENCEPHALOGRAPHY	2,291,427	.254528	.268572
55	MEDICAL SUPPLIES CHARGED	11,129,621	.259591	.274528
55 30	IMPL. DEV. CHARGED TO PAT	12,330,577	.831491	.880929
56	DRUGS CHARGED TO PATIENTS	24,965,627	.280946	.297410
59	CARDIAC REHAB	747,415	.839623	.886513
59 01	BEHAVIORAL OUTPATIENT	837,516	.422566	.446826
59 02	SHOCK THERAPY	414,931	.236343	.248926
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,030,764	.244021	.257752
62	OBSERVATION BEDS (NON-DIS	1,974,299	.457130	.483362
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVIC	521,065	.394920	.418501
101	SUBTOTAL	213,046,343		
102	LESS OBSERVATION BEDS	1,974,299		
103	TOTAL	211,072,044		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I		I	TO 6/30/2010	I	PART I

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,011,342		1,011,342
31	INTENSIVE CARE UNIT				172,380		172,380
31	SUBPROVIDER				77,532		77,532
31	01 SUBPROVIDER-PSYCH				237,943		237,943
33	NURSERY				120,377		120,377
101	TOTAL				1,619,574		1,619,574

## APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I		I	TO 6/30/2010	I	PART I

## TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	21,070	12,429			48.00	596,592
26	INTENSIVE CARE UNIT	1,735	1,056			99.35	104,914
31	SUBPROVIDER	1,060	731			73.14	53,465
31	01 SUBPROVIDER-PSYCH	4,512	1,369			52.74	72,201
33	NURSERY	2,695				44.67	
101	TOTAL	31,072	15,585				827,172

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-0069	I		I	

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,141,606	33,810,621	12,824,010		
39	RECOVERY ROOM		371,223	5,980,197	1,381,193		
40	DELIVERY ROOM & LABOR ROO		78,477	2,455,366	282		
41	ANESTHESIOLOGY		130,781	9,325,870	3,315,558		
41	RADIOLOGY-DIAGNOSTIC		604,107	25,044,929	5,495,875		
41 01	MAGNETIC RES. IMAGING		377,658	4,173,660	707,239		
44	LABORATORY		194,785	23,066,194	9,158,206		
47	BLOOD STORING, PROCESSING		41,363	2,128,511	1,163,957		
49	RESPIRATORY THERAPY		123,795	6,825,572	3,266,321		
50	PHYSICAL THERAPY		230,814	7,770,428	1,586,512		
53	ELECTROCARDIOLOGY		991,576	23,221,753	5,186,896		
54	ELECTROENCEPHALOGRAPHY		67,296	2,291,427	147,349		
55	MEDICAL SUPPLIES CHARGED		210,181	11,129,621	3,999,207		
55 30	IMPL. DEV. CHARGED TO PAT		391,128	12,330,577	5,665,309		
56	DRUGS CHARGED TO PATIENTS		375,786	24,965,627	9,713,304		
59	CARDIAC REHAB		64,829	747,415	57,380		
59 01	BEHAVIORAL OUTPATIENT		26,568	837,516	6,084		
59 02	SHOCK THERAPY		14,738	414,931			
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		327,618	14,030,764	3,073,142		
62	OBSERVATION BEDS (NON-DIS		68,207	1,974,299	204,854		
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		6,920	521,065	246,754		
101	TOTAL		5,839,456	213,046,343	67,199,432		

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-0069	I		I	

PPS

## TITLE XVIII, PART A

## HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033765	433,003
38	RECOVERY ROOM	.062075	85,738
39	DELIVERY ROOM & LABOR ROO	.031961	9
40	ANESTHESIOLOGY	.014023	46,494
41	RADIOLOGY-DIAGNOSTIC	.024121	132,566
41 01	MAGNETIC RES. IMAGING	.090486	63,995
44	LABORATORY	.008445	77,341
47	BLOOD STORING, PROCESSING	.019433	22,619
49	RESPIRATORY THERAPY	.018137	59,241
50	PHYSICAL THERAPY	.029704	47,126
53	ELECTROCARDIOLOGY	.042700	221,480
54	ELECTROENCEPHALOGRAPHY	.029369	4,327
55	MEDICAL SUPPLIES CHARGED	.018885	75,525
55 30	IMPL. DEV. CHARGED TO PAT	.031720	179,704
56	DRUGS CHARGED TO PATIENTS	.015052	146,205
59	CARDIAC REHAB	.086738	4,977
59 01	BEHAVIORAL OUTPATIENT	.031722	193
59 02	SHOCK THERAPY	.035519	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.023350	71,758
62	OBSERVATION BEDS (NON-DIS	.034547	7,077
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.013280	3,277
101	TOTAL		1,682,655

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I		I	TO 6/30/2010	I	PART III

PPS

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					21,070	
26	ADULTS & PEDIATRICS					1,735	
31	INTENSIVE CARE UNIT					1,060	
31	SUBPROVIDER					4,512	
31	01 SUBPROVIDER-PSYCH					2,695	
33	NURSERY					5,764	
34	SKILLED NURSING FACILITY					14,492	
35	NURSING FACILITY					51,328	
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I		I	TO 6/30/2010	I	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,429	
26	INTENSIVE CARE UNIT	1,056	
31	SUBPROVIDER	731	
31 01	SUBPROVIDER-PSYCH	1,369	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,743	
35	NURSING FACILITY		
101	TOTAL	20,328	

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER  
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE  
 OTHER PASS THROUGH COSTS

IN LIEU OF FORM CMS-2552-96(07/2009)

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2010 I PART IV  
 I 16-0069 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			33,810,621			12,824,010	
39	RECOVERY ROOM			5,980,197			1,381,193	
40	DELIVERY ROOM & LABOR ROO			2,455,366			282	
41	ANESTHESIOLOGY			9,325,870			3,315,558	
41	RADIOLOGY-DIAGNOSTIC			25,044,929			5,495,875	
41	01 MAGNETIC RES. IMAGING			4,173,660			707,239	
44	LABORATORY			23,066,194			9,158,206	
47	BLOOD STORING, PROCESSING			2,128,511			1,163,957	
49	RESPIRATORY THERAPY			6,825,572			3,266,321	
50	PHYSICAL THERAPY			7,770,428			1,586,512	
53	ELECTROCARDIOLOGY			23,221,753			5,186,896	
54	ELECTROENCEPHALOGRAPHY			2,291,427			147,349	
55	MEDICAL SUPPLIES CHARGED			11,129,621			3,999,207	
55	30 IMPL. DEV. CHARGED TO PAT			12,330,577			5,665,309	
56	DRUGS CHARGED TO PATIENTS			24,965,627			9,713,304	
59	CARDIAC REHAB			747,415			57,380	
59	01 BEHAVIORAL OUTPATIENT			837,516			6,084	
59	02 SHOCK THERAPY			414,931				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			14,030,764			3,073,142	
62	OBSERVATION BEDS (NON-DIS			1,974,299			204,854	
68	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			521,065			246,754	
101	TOTAL			213,046,343			67,199,432	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,926,317					
38	RECOVERY ROOM	1,434,536					
39	DELIVERY ROOM & LABOR ROO	69					
40	ANESTHESIOLOGY	1,373,062					
41	RADIOLOGY-DIAGNOSTIC	7,554,494					
41 01	MAGNETIC RES. IMAGING	1,005,857					
44	LABORATORY	907,336					
47	BLOOD STORING, PROCESSING	520,219					
49	RESPIRATORY THERAPY	399,564					
50	PHYSICAL THERAPY	1,947					
53	ELECTROCARDIOLOGY	5,461,748					
54	ELECTROENCEPHALOGRAPHY	694,878					
55	MEDICAL SUPPLIES CHARGED	1,729,510					
55 30	IMPL. DEV. CHARGED TO PAT	1,215,724					
56	DRUGS CHARGED TO PATIENTS	2,488,461					
59	CARDIAC REHAB	282,016					
59 01	BEHAVIORAL OUTPATIENT	117,846					
59 02	SHOCK THERAPY	117,183					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,587,459					
62	OBSERVATION BEDS (NON-DIS	737,228					
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC	3,486					
101	TOTAL	36,558,940					

## APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES &amp; VACCINE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D
I COMPONENT NO:	I TO 6/30/2010	I PART V
I 16-0069	I	I

## TITLE XVIII, PART B

## HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.276600	.276600			
38 RECOVERY ROOM	.702827	.702827			
39 DELIVERY ROOM & LABOR ROOM	.460779	.460779			
40 ANESTHESIOLOGY	.066883	.066883			
41 RADIOLOGY-DIAGNOSTIC	.189126	.189126			
41 01 MAGNETIC RES. IMAGING	.193123	.193123			
44 LABORATORY	.201682	.201682			
47 BLOOD STORING, PROCESSING & TRANS.	.593629	.593629			
49 RESPIRATORY THERAPY	.247740	.247740			
50 PHYSICAL THERAPY	.447281	.447281			
53 ELECTROCARDIOLOGY	.151661	.151661			
54 ELECTROENCEPHALOGRAPHY	.271509	.271509			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.276416	.276416			
55 30 IMPL. DEV. CHARGED TO PATIENT	.884101	.884101			
56 DRUGS CHARGED TO PATIENTS	.298915	.298915			
59 CARDIAC REHAB	.895187	.895187			
59 01 BEHAVIORAL OUTPATIENT	.449999	.449999			
59 02 SHOCK THERAPY	.252478	.252478			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.260087	.260087			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.486817	.486817			
OTHER REIMBURS COST CNTRS					
68 PURCHASED DIALYSIS SERVICES	.419829	.419829			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,192,419	
38	RECOVERY ROOM				1,008,231	
39	DELIVERY ROOM & LABOR ROOM				32	
40	ANESTHESIOLOGY				91,835	
41	RADIOLOGY-DIAGNOSTIC				1,428,751	
41	01 MAGNETIC RES. IMAGING				194,254	
44	LABORATORY				182,993	162
47	BLOOD STORING, PROCESSING & TRANS.				308,817	
49	RESPIRATORY THERAPY				98,988	
50	PHYSICAL THERAPY				871	
53	ELECTROCARDIOLOGY				828,334	
54	ELECTROENCEPHALOGRAPHY				188,666	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				478,064	3,404
55	30 IMPL. DEV. CHARGED TO PATIENT				1,074,823	
56	DRUGS CHARGED TO PATIENTS				743,838	
59	CARDIAC REHAB				252,457	
59	01 BEHAVIORAL OUTPATIENT				53,031	
59	02 SHOCK THERAPY				29,586	
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				672,964	
62	OBSERVATION BEDS (NON-DISTINCT PART)				358,895	
	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVICES				1,464	
101	SUBTOTAL				10,189,313	3,566
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				10,189,313	3,566

TITLE XVIII, PART B

HOSPITAL

		PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41	01 MAGNETIC RES. IMAGING			
44	LABORATORY			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS			
59	CARDIAC REHAB			
59	01 BEHAVIORAL OUTPATIENT			
59	02 SHOCK THERAPY			
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
	PROGRAM ONLY CHARGES			
104	NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART VI
I	16-0069	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.298915
154,630
46,221

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-T069	I		I	

## TITLE XVIII, PART A

## SUBPROVIDER 1

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,141,606	33,810,621	3,102		
38	RECOVERY ROOM		371,223	5,980,197	458		
39	DELIVERY ROOM & LABOR ROO		78,477	2,455,366			
40	ANESTHESIOLOGY		130,781	9,325,870	722		
41	RADIOLOGY-DIAGNOSTIC		604,107	25,044,929	27,829		
41 01	MAGNETIC RES. IMAGING		377,658	4,173,660	14,588		
44	LABORATORY		194,785	23,066,194	86,418		
47	BLOOD STORING, PROCESSING		41,363	2,128,511	3,192		
49	RESPIRATORY THERAPY		123,795	6,825,572	33,799		
50	PHYSICAL THERAPY		230,814	7,770,428	501,461		
53	ELECTROCARDIOLOGY		991,576	23,221,753	4,380		
54	ELECTROENCEPHALOGRAPHY		67,296	2,291,427			
55	MEDICAL SUPPLIES CHARGED		210,181	11,129,621	17,737		
55 30	IMPL. DEV. CHARGED TO PAT		391,128	12,330,577			
56	DRUGS CHARGED TO PATIENTS		375,786	24,965,627	120,580		
59	CARDIAC REHAB		64,829	747,415			
59 01	BEHAVIORAL OUTPATIENT		26,568	837,516			
59 02	SHOCK THERAPY		14,738	414,931			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		327,618	14,030,764	2,265		
62	OBSERVATION BEDS (NON-DIS		68,207	1,974,299			
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		6,920	521,065	8,498		
101	TOTAL		5,839,456	213,046,343	825,029		



## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-T069	I		I	

PPS

## TITLE XVIII, PART A

## SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033765	105
38	RECOVERY ROOM	.062075	28
39	DELIVERY ROOM & LABOR ROO	.031961	
40	ANESTHESIOLOGY	.014023	10
41	RADIOLOGY-DIAGNOSTIC	.024121	671
41 01	MAGNETIC RES. IMAGING	.090486	1,320
44	LABORATORY	.008445	730
47	BLOOD STORING, PROCESSING	.019433	62
49	RESPIRATORY THERAPY	.018137	613
50	PHYSICAL THERAPY	.029704	14,895
53	ELECTROCARDIOLOGY	.042700	187
54	ELECTROENCEPHALOGRAPHY	.029369	
55	MEDICAL SUPPLIES CHARGED	.018885	335
55 30	IMPL. DEV. CHARGED TO PAT	.031720	
56	DRUGS CHARGED TO PATIENTS	.015052	1,815
59	CARDIAC REHAB	.086738	
59 01	BEHAVIORAL OUTPATIENT	.031722	
59 02	SHOCK THERAPY	.035519	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.023350	53
62	OBSERVATION BEDS (NON-DIS	.034547	
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.013280	113
101	TOTAL		20,937

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2010 I PART IV  
 I 16-T069 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
68	OTHER REIMBURS COST CNTRS						
101	PURCHASED DIALYSIS SERVIC						
	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			33,810,621			3,102	
39	RECOVERY ROOM			5,980,197			458	
40	DELIVERY ROOM & LABOR ROO			2,455,366				
41	ANESTHESIOLOGY			9,325,870			722	
41	RADIOLOGY-DIAGNOSTIC			25,044,929			27,829	
41	01 MAGNETIC RES. IMAGING			4,173,660			14,588	
44	LABORATORY			23,066,194			86,418	
47	BLOOD STORING, PROCESSING			2,128,511			3,192	
49	RESPIRATORY THERAPY			6,825,572			33,799	
50	PHYSICAL THERAPY			7,770,428			501,461	
53	ELECTROCARDIOLOGY			23,221,753			4,380	
54	ELECTROENCEPHALOGRAPHY			2,291,427				
55	MEDICAL SUPPLIES CHARGED			11,129,621			17,737	
55	30 IMPL. DEV. CHARGED TO PAT			12,330,577				
56	DRUGS CHARGED TO PATIENTS			24,965,627			120,580	
59	CARDIAC REHAB			747,415				
59	01 BEHAVIORAL OUTPATIENT			837,516				
59	02 SHOCK THERAPY			414,931				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			14,030,764			2,265	
62	OBSERVATION BEDS (NON-DIS			1,974,299				
68	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			521,065			8,498	
101	TOTAL			213,046,343			825,029	

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2010 I PART IV  
 I 16-T069 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-S069	I		I	

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

## TITLE XVIII, PART A

## SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,141,606	33,810,621	405		
39	RECOVERY ROOM		371,223	5,980,197			
40	DELIVERY ROOM & LABOR ROO		78,477	2,455,366			
41	ANESTHESIOLOGY		130,781	9,325,870			
41	RADIOLOGY-DIAGNOSTIC		604,107	25,044,929	46,491		
41 01	MAGNETIC RES. IMAGING		377,658	4,173,660	1,062		
44	LABORATORY		194,785	23,066,194	127,179		
47	BLOOD STORING, PROCESSING		41,363	2,128,511	399		
49	RESPIRATORY THERAPY		123,795	6,825,572	43,290		
50	PHYSICAL THERAPY		230,814	7,770,428	12,635		
53	ELECTROCARDIOLOGY		991,576	23,221,753	11,089		
54	ELECTROENCEPHALOGRAPHY		67,296	2,291,427	1,314		
55	MEDICAL SUPPLIES CHARGED		210,181	11,129,621	1,871		
55 30	IMPL. DEV. CHARGED TO PAT		391,128	12,330,577			
56	DRUGS CHARGED TO PATIENTS		375,786	24,965,627	251,638		
59	CARDIAC REHAB		64,829	747,415			
59 01	BEHAVIORAL OUTPATIENT		26,568	837,516	4,085		
59 02	SHOCK THERAPY		14,738	414,931	67,067		
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		327,618	14,030,764	125,251		
62	OBSERVATION BEDS (NON-DIS		68,207	1,974,299			
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC		6,920	521,065			
101	TOTAL		5,839,456	213,046,343	693,776		

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-S069	I		I	

PPS

## TITLE XVIII, PART A

## SUBPROVIDER 2

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.033765	14
38	RECOVERY ROOM	.062075	
39	DELIVERY ROOM & LABOR ROO	.031961	
40	ANESTHESIOLOGY	.014023	
41	RADIOLOGY-DIAGNOSTIC	.024121	1,121
41 01	MAGNETIC RES. IMAGING	.090486	96
44	LABORATORY	.008445	1,074
47	BLOOD STORING, PROCESSING	.019433	8
49	RESPIRATORY THERAPY	.018137	785
50	PHYSICAL THERAPY	.029704	375
53	ELECTROCARDIOLOGY	.042700	474
54	ELECTROENCEPHALOGRAPHY	.029369	39
55	MEDICAL SUPPLIES CHARGED	.018885	35
55 30	IMPL. DEV. CHARGED TO PAT	.031720	
56	DRUGS CHARGED TO PATIENTS	.015052	3,788
59	CARDIAC REHAB	.086738	
59 01	BEHAVIORAL OUTPATIENT	.031722	130
59 02	SHOCK THERAPY	.035519	2,382
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.023350	2,925
62	OBSERVATION BEDS (NON-DIS	.034547	
	OTHER REIMBURS COST CNTRS		
68	PURCHASED DIALYSIS SERVIC	.013280	
101	TOTAL		13,246

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2010 I PART IV  
 I 16-S069 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
68	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			33,810,621			405	
39	RECOVERY ROOM			5,980,197				
40	DELIVERY ROOM & LABOR ROO			2,455,366				
41	ANESTHESIOLOGY			9,325,870				
41	RADIOLOGY-DIAGNOSTIC			25,044,929			46,491	
41 01	MAGNETIC RES. IMAGING			4,173,660			1,062	
44	LABORATORY			23,066,194			127,179	
47	BLOOD STORING, PROCESSING			2,128,511			399	
49	RESPIRATORY THERAPY			6,825,572			43,290	
50	PHYSICAL THERAPY			7,770,428			12,635	
53	ELECTROCARDIOLOGY			23,221,753			11,089	
54	ELECTROENCEPHALOGRAPHY			2,291,427			1,314	
55	MEDICAL SUPPLIES CHARGED			11,129,621			1,871	
55 30	IMPL. DEV. CHARGED TO PAT			12,330,577				
56	DRUGS CHARGED TO PATIENTS			24,965,627			251,638	
59	CARDIAC REHAB			747,415				
59 01	BEHAVIORAL OUTPATIENT			837,516			4,085	
59 02	SHOCK THERAPY			414,931			67,067	
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			14,030,764			125,251	
62	OBSERVATION BEDS (NON-DIS			1,974,299				
68	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			521,065				
101	TOTAL			213,046,343			693,776	



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-5116	I		I	

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

## PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL
LINE NO.		RELATED COST	RELATED COST	CHARGES	CHARGES	CST/CHRG RATIO
		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					6
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	MAGNETIC RES. IMAGING					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55 30	IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS					
59	CARDIAC REHAB					
59 01	BEHAVIORAL OUTPATIENT					
59 02	SHOCK THERAPY					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
68	PURCHASED DIALYSIS SERVIC					
101	TOTAL					

## APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2010	I	PART II
I	16-5116	I		I	

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	MAGNETIC RES. IMAGING	
44	LABORATORY	
47	BLOOD STORING, PROCESSING	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
53	ELECTROCARDIOLOGY	
54	ELECTROENCEPHALOGRAPHY	
55	MEDICAL SUPPLIES CHARGED	
55 30	IMPL. DEV. CHARGED TO PAT	
56	DRUGS CHARGED TO PATIENTS	
59	CARDIAC REHAB	
59 01	BEHAVIORAL OUTPATIENT	
59 02	SHOCK THERAPY	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
68	PURCHASED DIALYSIS SERVIC	
101	TOTAL	

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2010 I PART IV  
 I 16-5116 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59 01	BEHAVIORAL OUTPATIENT						
59 02	SHOCK THERAPY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,810,621				
38	RECOVERY ROOM			5,980,197				
39	DELIVERY ROOM & LABOR ROO			2,455,366				
40	ANESTHESIOLOGY			9,325,870				
41	RADIOLOGY-DIAGNOSTIC			25,044,929			167,748	
41 01	MAGNETIC RES. IMAGING			4,173,660				
44	LABORATORY			23,066,194			700,298	
47	BLOOD STORING, PROCESSING			2,128,511			48,625	
49	RESPIRATORY THERAPY			6,825,572			662,098	
50	PHYSICAL THERAPY			7,770,428			1,266,920	
53	ELECTROCARDIOLOGY			23,221,753			34,768	
54	ELECTROENCEPHALOGRAPHY			2,291,427			3,518	
55	MEDICAL SUPPLIES CHARGED			11,129,621			86,501	
55 30	IMPL. DEV. CHARGED TO PAT			12,330,577				
56	DRUGS CHARGED TO PATIENTS			24,965,627			1,478,550	
59	CARDIAC REHAB			747,415				
59 01	BEHAVIORAL OUTPATIENT			837,516				
59 02	SHOCK THERAPY			414,931				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			14,030,764			9,526	
62	OBSERVATION BEDS (NON-DIS			1,974,299			6,949	
	OTHER REIMBURS COST CNTRS							
68	PURCHASED DIALYSIS SERVIC			521,065			54,511	
101	TOTAL			213,046,343			4,520,012	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MAGNETIC RES. IMAGING						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIAC REHAB						
59	01 BEHAVIORAL OUTPATIENT						
59	02 SHOCK THERAPY						
61	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
68	PURCHASED DIALYSIS SERVIC						
101	TOTAL						

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-0069	I	I

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,070
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,070
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,662
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,408
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12,429
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	14,251,108
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	14,251,108

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	28,675,479
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,389,022
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,286,457
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.496979
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,658.25
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,251.72
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	406.53
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	202.04
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,143,950
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	13,107,158

TITLE XVIII PART AHOSPITALPPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				676.37
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,406,603
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				8,406,603

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	2,399,735	1,735	1,383.13	1,056
44	CORONARY CARE UNIT				1,460,585
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				20,896,998
49	TOTAL PROGRAM INPATIENT COSTS				30,764,186

PASS THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				701,506
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,682,655
52	TOTAL PROGRAM EXCLUDABLE COST				2,384,161
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				28,380,025

TARGET AMOUNT AND LIMIT COMPUTATION					
54	PROGRAM DISCHARGES				
55	TARGET AMOUNT PER DISCHARGE				
56	TARGET AMOUNT				
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT				
58	BONUS PAYMENT				
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET				
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET				
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.				
58.04	RELIEF PAYMENT				
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT				
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)				
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1				
59.03	PROGRAM DISCHARGES AFTER JULY 1				
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)				
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)				
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)				
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)				
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)				

PROGRAM INPATIENT ROUTINE SWING BED COST					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)				
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)				
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS				
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD				
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD				
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS				



## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART III
I 16-0069	I	I

TITLE XVIII PART A

HOSPITAL

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,421
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	676.37
85	OBSERVATION BED COST	961,122

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		14,251,108		961,122	
87 NEW CAPITAL-RELATED COST	1,011,342	14,251,108	.070966	961,122	68,207
88 NON PHYSICIAN ANESTHETIST		14,251,108		961,122	
89 MEDICAL EDUCATION		14,251,108		961,122	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-T069	I	I

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SUBPROVIDER I

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,060
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,060
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,060
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	731
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,031,049
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,031,049

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,240,356
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,240,356
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.831252
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,170.15
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,031,049

**TITLE XVIII PART A**

## SUBPROVIDER I

PPS

**PART II - HOSPITAL AND SUBPROVIDERS ONLY**

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	972.69
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	711,036
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	711,036

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				307,107
49	TOTAL PROGRAM INPATIENT COSTS				1,018,143

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	53,465
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	20,937
52	TOTAL PROGRAM EXCLUDABLE COST	74,402
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	943,741

### TARGET AMOUNT AND LIMIT COMPUTATION

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54 PROGRAM DISCHARGES
55 TARGET AMOUNT PER DISCHARGE
56 TARGET AMOUNT
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58 BONUS PAYMENT
58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
AND COMPOUNDED BY THE MARKET BASKET
58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
BASKET
58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
OTHERWISE ENTER ZERO.
58.04 RELIEF PAYMENT
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
59.03 PROGRAM DISCHARGES AFTER JULY 1
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
(SEE INSTRUCTIONS) (LTCH ONLY)
59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

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## PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	16-T069	I		I	

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SUBPROVIDER I

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 972.69  
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		1,031,049			
87 NEW CAPITAL-RELATED COST	77,532	1,031,049	.075197		
88 NON PHYSICIAN ANESTHETIST		1,031,049			
89 MEDICAL EDUCATION		1,031,049			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-S069	I	I

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SUBPROVIDER II

PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,512
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,512
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,512
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,369
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,207,926
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,207,926

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,870,781
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,870,781
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.546422
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,301.15
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,207,926

TITLE XVIII PART A	SUBPROVIDER II	PPS
PART II - HOSPITAL AND SUBPROVIDERS ONLY		

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	710.98
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	973,332
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	973,332

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				181,321
49	TOTAL PROGRAM INPATIENT COSTS				1,154,653

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	72,201
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	13,246
52	TOTAL PROGRAM EXCLUDABLE COST	85,447
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,069,206

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	16-S069	I		I	

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SUBPROVIDER II

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
SERVICE COST  
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
68 PROGRAM ROUTINE SERVICE COST  
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
72 PER DIEM CAPITAL-RELATED COSTS  
73 PROGRAM CAPITAL-RELATED COSTS  
74 INPATIENT ROUTINE SERVICE COST  
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
78 INPATIENT ROUTINE SERVICE COST LIMITATION  
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
80 PROGRAM INPATIENT ANCILLARY SERVICES  
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 710.98  
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		3,207,926			
87 NEW CAPITAL-RELATED COST	237,943	3,207,926	.074173		
88 NON PHYSICIAN ANESTHETIST		3,207,926			
89 MEDICAL EDUCATION		3,207,926			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A	SNF	PPS
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PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,764
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,764
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,764
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,743
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,955,501
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,955,501

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,923,801
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,923,801
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.010842
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	507.25
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,955,501



## COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART III
I 16-5116	I	I

TITLE XVIII PART A

SNF

PPS

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

	1
66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,955,501
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	512.75
68 PROGRAM ROUTINE SERVICE COST	2,431,973
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,431,973
71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	222,263
72 PER DIEM CAPITAL-RELATED COSTS	38.56
73 PROGRAM CAPITAL-RELATED COSTS	182,890
74 INPATIENT ROUTINE SERVICE COST	2,249,083
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,249,083
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78 INPATIENT ROUTINE SERVICE COST LIMITATION	
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,431,973
80 PROGRAM INPATIENT ANCILLARY SERVICES	1,433,371
81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION	4,265
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	3,869,609

## PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET D-1
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-5116	I	I

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P

SNF

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,764
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,764
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,764
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	320
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,955,501
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,955,501

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,012,792
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,012,792
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.468359
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	349.20
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,955,501

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	16-5116	I		I	

## COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P

SNF

OTHER

## PART III - SKILLED NURSING FACILITY, NURSING FACILITY &amp; ICF/MR ONLY

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,955,501
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	512.75
68	PROGRAM ROUTINE SERVICE COST	164,080
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	164,080
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	222,263
72	PER DIEM CAPITAL-RELATED COSTS	38.56
73	PROGRAM CAPITAL-RELATED COSTS	12,339
74	INPATIENT ROUTINE SERVICE COST	151,741
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	151,741
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	12,339
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	12,339

## PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

## COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2010	I	
I	16-0069	I		I	

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		15,682,494	
31	INTENSIVE CARE UNIT		2,541,081	
31	SUBPROVIDER			
01	SUBPROVIDER-PSYCH			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276600	12,824,010	3,547,121
38	RECOVERY ROOM	.702827	1,381,193	970,740
39	DELIVERY ROOM & LABOR ROOM	.460779	282	130
40	ANESTHESIOLOGY	.066883	3,315,558	221,754
41	RADIOLOGY-DIAGNOSTIC	.190109	5,495,875	1,044,815
41	01 MAGNETIC RES. IMAGING	.193123	707,239	136,584
44	LABORATORY	.201682	9,158,206	1,847,045
47	BLOOD STORING, PROCESSING & TRANS.	.593629	1,163,957	690,959
49	RESPIRATORY THERAPY	.247740	3,266,321	809,198
50	PHYSICAL THERAPY	.447281	1,586,512	709,617
53	ELECTROCARDIOLOGY	.151661	5,186,896	786,650
54	ELECTROENCEPHALOGRAPHY	.271509	147,349	40,007
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.276416	3,999,207	1,105,445
55	30 IMPL. DEV. CHARGED TO PATIENT	.884101	5,665,309	5,008,705
56	DRUGS CHARGED TO PATIENTS	.298915	9,713,304	2,903,452
59	CARDIAC REHAB	.895187	57,380	51,366
59	01 BEHAVIORAL OUTPATIENT	.461718	6,084	2,809
59	02 SHOCK THERAPY	.252478		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.265943	3,073,142	817,281
62	OBSERVATION BEDS (NON-DISTINCT PART)	.486817	204,854	99,726
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.419829	246,754	103,594
101	TOTAL		67,199,432	20,896,998
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		67,199,432	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2010	I	
I	16-T069	I		I	

## TITLE XVIII, PART A

## SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		851,300	
31	01 SUBPROVIDER-PSYCH			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276600	3,102	858
38	RECOVERY ROOM	.702827	458	322
39	DELIVERY ROOM & LABOR ROOM	.460779		
40	ANESTHESIOLOGY	.066883	722	48
41	RADIOLOGY-DIAGNOSTIC	.190109	27,829	5,291
41	01 MAGNETIC RES. IMAGING	.193123	14,588	2,817
44	LABORATORY	.201682	86,418	17,429
47	BLOOD STORING, PROCESSING & TRANS.	.593629	3,192	1,895
49	RESPIRATORY THERAPY	.247740	33,799	8,373
50	PHYSICAL THERAPY	.447281	501,461	224,294
53	ELECTROCARDIOLOGY	.151661	4,380	664
54	ELECTROENCEPHALOGRAPHY	.271509		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.276416	17,737	4,903
55	30 IMPL. DEV. CHARGED TO PATIENT	.884101		
56	DRUGS CHARGED TO PATIENTS	.298915	120,580	36,043
59	CARDIAC REHAB	.895187		
59	01 BEHAVIORAL OUTPATIENT	.461718		
59	02 SHOCK THERAPY	.252478		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.265943	2,265	602
62	OBSERVATION BEDS (NON-DISTINCT PART)	.486817		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.419829	8,498	3,568
101	TOTAL		825,029	307,107
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		825,029	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2010	I	
I	16-S069	I		I	

## TITLE XVIII, PART A

## SUBPROVIDER 2

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-PSYCH		1,776,052	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276600	405	112
38	RECOVERY ROOM	.702827		
39	DELIVERY ROOM & LABOR ROOM	.460779		
40	ANESTHESIOLOGY	.066883		
41	RADIOLOGY-DIAGNOSTIC	.190109	46,491	8,838
41	01 MAGNETIC RES. IMAGING	.193123	1,062	205
44	LABORATORY	.201682	127,179	25,650
47	BLOOD STORING, PROCESSING & TRANS.	.593629	399	237
49	RESPIRATORY THERAPY	.247740	43,290	10,725
50	PHYSICAL THERAPY	.447281	12,635	5,651
53	ELECTROCARDIOLOGY	.151661	11,089	1,682
54	ELECTROENCEPHALOGRAPHY	.271509	1,314	357
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.276416	1,871	517
55	30 IMPL. DEV. CHARGED TO PATIENT	.884101		
56	DRUGS CHARGED TO PATIENTS	.298915	251,638	75,218
59	CARDIAC REHAB	.895187		
59	01 BEHAVIORAL OUTPATIENT	.461718	4,085	1,886
59	02 SHOCK THERAPY	.252478	67,067	16,933
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.265943	125,251	33,310
62	OBSERVATION BEDS (NON-DISTINCT PART)	.486817		
	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.419829		
101	TOTAL		693,776	181,321
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		693,776	

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET D-4
I	COMPONENT NO:	I	TO 6/30/2010	I	
I	16-5116	I		I	

## TITLE XVIII, PART A

## SKILLED NURSING FACILITY

## PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER-PSYCH			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.276600		
39	RECOVERY ROOM	.702827		
40	DELIVERY ROOM & LABOR ROOM	.460779		
41	ANESTHESIOLOGY	.066883		
41	RADIOLOGY-DIAGNOSTIC	.189126	167,748	31,726
41 01	MAGNETIC RES. IMAGING	.193123		
44	LABORATORY	.201682	700,298	141,238
47	BLOOD STORING, PROCESSING & TRANS.	.593629	48,625	28,865
49	RESPIRATORY THERAPY	.247740	662,098	164,028
50	PHYSICAL THERAPY	.447281	1,266,920	566,669
53	ELECTROCARDIOLOGY	.151661	34,768	5,273
54	ELECTROENCEPHALOGRAPHY	.271509	3,518	955
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.276416	86,501	23,910
55 30	IMPL. DEV. CHARGED TO PATIENT	.884101		
56	DRUGS CHARGED TO PATIENTS	.298915	1,478,550	441,961
59	CARDIAC REHAB	.895187		
59 01	BEHAVIORAL OUTPATIENT	.449999		
59 02	SHOCK THERAPY	.252478		
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.260087	9,526	2,478
62	OBSERVATION BEDS (NON-DISTINCT PART)	.486817	6,949	3,383
68	OTHER REIMBURS COST CNTRS			
68	PURCHASED DIALYSIS SERVICES	.419829	54,511	22,885
101	TOTAL		4,520,012	1,433,371
102	LESS PBP CLINIC LABORATORY SERVICES -			
102	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,520,012	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 6/30/2010	I PART A
I 16-0069	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	25,802,256	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	228,570	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	168.82	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		2.13
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 6/30/2010	I PART A
I 16-0069	I	I

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

## HOSPITAL

## DESCRIPTION

1

1.01

5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	
5.06 TOTAL ADDITIONAL PAYMENT	
6 SUBTOTAL (SEE INSTRUCTIONS)	26,030,826
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	26,030,826
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,166,417
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12 NET ORGAN ACQUISITION COST	
13 COST OF TEACHING PHYSICIANS	
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16 TOTAL	28,197,243
17 PRIMARY PAYER PAYMENTS	14,830
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	28,182,413
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,026,580
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	20,265
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	49,035
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	34,325
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
22 SUBTOTAL	25,169,893
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24 OTHER ADJUSTMENTS (SPECIFY)	
24.97 HCERA PAYMENTS	
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99 OUTLIER RECONCILIATION ADJUSTMENT	
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26 AMOUNT DUE PROVIDER	25,169,893
27 SEQUESTRATION ADJUSTMENT	
28 INTERIM PAYMENTS	25,141,756
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29 BALANCE DUE PROVIDER (PROGRAM)	28,137
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

## ----- FI ONLY -----

50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 6/30/2010	I PART B
I 16-0069	I	I

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	49,787
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	10,189,313
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,080,149
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	49,787

## COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
	ANCILLARY SERVICE CHARGES	167,747
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	167,747

## CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	167,747
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	117,960
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	49,787
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,080,149

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	3,658
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,060,870
19	SUBTOTAL (SEE INSTRUCTIONS)	7,065,408
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	7,065,408
24	PRIMARY PAYER PAYMENTS	1,839
25	SUBTOTAL	7,063,569

## REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	21,156
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,809
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	7,078,378
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	7,078,378
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,043,727
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	34,651
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

## TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	I
I 16-0069	I	I

## TITLE XVIII

## HOSPITAL

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.	25,133,056		7,043,727
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)	8,700		NONE
ADJUSTMENTS TO PROVIDER .01			
ADJUSTMENTS TO PROVIDER .02			
ADJUSTMENTS TO PROVIDER .03			
ADJUSTMENTS TO PROVIDER .04			
ADJUSTMENTS TO PROVIDER .05			
ADJUSTMENTS TO PROGRAM .50			
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL	NONE		NONE
4 TOTAL INTERIM PAYMENTS	25,141,756		7,043,727
TO BE COMPLETED BY INTERMEDIARY			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
TENTATIVE TO PROVIDER .01			
TENTATIVE TO PROVIDER .02			
TENTATIVE TO PROVIDER .03			
TENTATIVE TO PROGRAM .50			
TENTATIVE TO PROGRAM .51			
TENTATIVE TO PROGRAM .52			
SUBTOTAL	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	28,137		34,651
7 TOTAL MEDICARE PROGRAM LIABILITY	25,169,893		7,078,378

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET E-1
I	COMPONENT NO:	I	TO 6/30/2010	I	
I	16-T069	I		I	

## TITLE XVIII

## SUBPROVIDER 1

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.  
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54

SUBTOTAL .99

4 TOTAL INTERIM PAYMENTS

NONE	NONE
844,473	

## TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52

SUBTOTAL .99

- 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01  
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02

NONE	NONE
6,379	

7 TOTAL MEDICARE PROGRAM LIABILITY

838,094

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

- (1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		735,900		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		735,900		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01	13,595		
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY		749,495		

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E-1
I COMPONENT NO:	I TO 6/30/2010	I
I 16-5116	I	I

## ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII

SNF

## DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

- 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER
- 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.
- 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
ADJUSTMENTS TO PROGRAM	.99

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

NONE
1,782,420

NONE

TO BE COMPLETED BY INTERMEDIARY

- 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
TENTATIVE TO PROGRAM	.99

SUBTOTAL

6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

NONE
7,831

NONE

7 TOTAL MEDICARE PROGRAM LIABILITY

1,790,251

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-T069	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT	804,703
1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0107
1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	16,351
1.05 OUTLIER PAYMENTS	19,208
1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	840,262
1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09 NET IPF PPS OUTLIER PAYMENTS	
1.10 NET IPF PPS ECT PAYMENTS	
1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / \text{LINE } 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)	
1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	2.904110
1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / \text{LINE } 1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2 ORGAN ACQUISITION	
3 COST OF TEACHING PHYSICIANS	
4 SUBTOTAL (SEE INSTRUCTIONS)	840,262
5 PRIMARY PAYER PAYMENTS	
6 SUBTOTAL	840,262
7 DEDUCTIBLES	2,168
8 SUBTOTAL	838,094
9 COINSURANCE	
10 SUBTOTAL	838,094
11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12 SUBTOTAL	838,094
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15 OTHER ADJUSTMENTS (SPECIFY)	
15.99 OUTLIER RECONCILIATION ADJUSTMENT	
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	16-T069	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	838,094
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	844,473
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-6,379
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.



## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2010	I PART I
I 16-S069	I	I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	871,536
1.09	NET IPF PPS OUTLIER PAYMENTS	12,075
1.10	NET IPF PPS ECT PAYMENTS	22,395
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.361644
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	906,006
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	906,006
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	906,006
5	PRIMARY PAYER PAYMENTS	30
6	SUBTOTAL	905,976
7	DEDUCTIBLES	137,588
8	SUBTOTAL	768,388
9	COINSURANCE	32,488
10	SUBTOTAL	735,900
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	19,422
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	13,595
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	749,495
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART I
I	16-S069	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
18	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	749,495
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	735,900
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	13,595
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET E-3
I COMPONENT NO:	I TO 6/30/2010	I PART III
I 16-5116	I	I

## PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	REASONABLE CHARGES			
13	ROUTINE SERVICE CHARGES			
14	ANCILLARY SERVICE CHARGES			
15	INTERNS AND RESIDENTS SERVICE CHARGES			
16	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
17	TEACHING PHYSICIANS			
18	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
19	TOTAL REASONABLE CHARGES			
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30	COST OF COVERED SERVICES			
31	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33	OUTLIER PAYMENTS			
34	PROGRAM CAPITAL PAYMENTS			
35	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
36	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
37	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
38	SUBTOTAL			
39	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
40	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
41	XVIII ENTER AMOUNT FROM LINE 30			
42	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
43	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
44	EXCESS OF REASONABLE COST			
45	SUBTOTAL			
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
50	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
51	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
53	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
54	UTILIZATION REVIEW			
55	SUBTOTAL (SEE INSTRUCTIONS)			
56	INPATIENT ROUTINE SERVICE COST			
57	MEDICARE INPATIENT ROUTINE CHARGES			
58	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
59	PAYMENT FOR SERVICES ON A CHARGE BASIS			
60	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
61	FOR PAYMENT OF PART A SERVICES			
62	RATIO OF LINE 43 TO 44			
63	TOTAL CUSTOMARY CHARGES			
64	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
65	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
66	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
67	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
68	OTHER ADJUSTMENTS (SPECIFY)			
69	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
70	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
71	SUBTOTAL			
72	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
73	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
74	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
75	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
76	INTERIM PAYMENTS			
77	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
78	BALANCE DUE PROVIDER/PROGRAM			
79	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010

I PREPARED 11/29/2010

I WORKSHEET G

## BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	26,659,540			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	15,922,774			
5	OTHER RECEIVABLES	5,521,972			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,632,349			
7	INVENTORY	6,137,003			
8	PREPAID EXPENSES	174,782			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-32,491	3,914,021	396,530	
11	TOTAL CURRENT ASSETS	51,751,231	3,914,021	396,530	
FIXED ASSETS					
12	LAND	2,840,189			
12.01					
13	LAND IMPROVEMENTS	3,281,206			
13.01	LESS ACCUMULATED DEPRECIATION	-3,006,435			
14	BUILDINGS	45,353,687			
14.01	LESS ACCUMULATED DEPRECIATION	-28,477,099			
15	LEASEHOLD IMPROVEMENTS	557,524			
15.01	LESS ACCUMULATED DEPRECIATION	-369,140			
16	FIXED EQUIPMENT	36,741,849			
16.01	LESS ACCUMULATED DEPRECIATION	-25,630,378			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	48,861,370			
18.01	LESS ACCUMULATED DEPRECIATION	-38,883,180			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	606,433			
21	TOTAL FIXED ASSETS	41,876,026			
OTHER ASSETS					
22	INVESTMENTS	23,776,712			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	11,419,814			
26	TOTAL OTHER ASSETS	35,196,526			
27	TOTAL ASSETS	128,823,783	3,914,021	396,530	

I  
I  
IPROVIDER NO:  
16-0069I PERIOD:  
I FROM 7/ 1/2009  
I TO 6/30/2010

I PREPARED 11/29/2010

I WORKSHEET G

## BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,456,459			
29 SALARIES, WAGES & FEES PAYABLE	6,975,566			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	487,119			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,255,823			
36 TOTAL CURRENT LIABILITIES	14,174,967			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	25,117,452			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	388,205			
42 TOTAL LONG-TERM LIABILITIES	25,505,657			
43 TOTAL LIABILITIES	39,680,624			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	89,143,159			
45 SPECIFIC PURPOSE FUND		3,914,021		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			396,530	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	89,143,159	3,914,021	396,530	
52 TOTAL LIABILITIES AND FUND BALANCES	128,823,783	3,914,021	396,530	

## STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET G-1
I		I	TO 6/30/2010	I	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		81,435,050		2,883,026
2 NET INCOME (LOSS)		8,559,939		
3 TOTAL		89,994,989		2,883,026
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 UNREALIZED GAIN ON INVEST			86,185	
7 RESTRICTED INVESTMENT INC			44,103	
8 RESTRICTED CONTRIBUTIONS			1,428,429	
9 NA RELEASED CAP ACQ	223,125			
10 CHANGES IN OTHER FUNDS	2,912			
11 TOTAL ADDITIONS		226,037		1,558,717
12 SUBTOTAL		90,221,026		4,441,743
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEDUCTIONS (DEBIT ADJUSTM				
15 UNREALIZED LOSS ON INVEST				
16 RELEASED CAP ACQ			223,125	
17 RELEASED FOR OPERATIONS			164,569	
18 TRANSFER TO SPONSOR				
19 OTHER TRANSACTIONS	1,077,867		140,028	
20 TOTAL DEDUCTIONS		1,077,867		527,722
21 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		89,143,159		3,914,021

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		256,502		
2 NET INCOME (LOSS)				
3 TOTAL		256,502		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 UNREALIZED GAIN ON INVEST				
7 RESTRICTED INVESTMENT INC				
8 RESTRICTED CONTRIBUTIONS				
9 NA RELEASED CAP ACQ				
10 CHANGES IN OTHER FUNDS	140,028			
11 TOTAL ADDITIONS		140,028		
12 SUBTOTAL		396,530		
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 DEDUCTIONS (DEBIT ADJUSTM				
15 UNREALIZED LOSS ON INVEST				
16 RELEASED CAP ACQ				
17 RELEASED FOR OPERATIONS				
18 TRANSFER TO SPONSOR				
19 OTHER TRANSACTIONS				
20 TOTAL DEDUCTIONS				
21 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		396,530		

## STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET G-2
I		I	TO 6/30/2010	I	PARTS I & II

## PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	28,825,757		28,825,757
2 00 SUBPROVIDER	1,249,676		1,249,676
2 01 SUBPROVIDER-PSYCH	5,884,378		5,884,378
4 00 SWING BED - SNF			
5 00 SWING BED - NF	2,924,517		2,924,517
6 00 SKILLED NURSING FACILITY	2,224,981		2,224,981
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	41,109,309		41,109,309
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,260,365		4,260,365
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,260,365		4,260,365
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	45,369,674		45,369,674
17 00 ANCILLARY SERVICES	116,616,476		116,616,476
18 00 OUTPATIENT SERVICES		102,528,200	102,528,200
19 00 HOME HEALTH AGENCY		5,378,155	5,378,155
24 00			
25 00 TOTAL PATIENT REVENUES	161,986,150	107,906,355	269,892,505

## PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		139,127,830
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00 TAXES	119,000	
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		119,000
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00 MERCY MEDICAL CENTER - DYERSVILLE	4,894,313	
37 00 MERCY MEDICAL CENTER - DYVILLE FOUND	66,569	
38 00		
39 00 TOTAL DEDUCTIONS		4,960,882
40 00 TOTAL OPERATING EXPENSES		134,285,948



## STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET G-3
I		I	TO 6/30/2010	I	

## DESCRIPTION

1	TOTAL PATIENT REVENUES	269,892,505
2	LESS: ALLOWANCES AND DISCOUNTS ON	163,885,917
3	NET PATIENT REVENUES	106,006,588
4	LESS: TOTAL OPERATING EXPENSES	134,285,948
5	NET INCOME FROM SERVICE TO PATIENT	-28,279,360
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	244,943
7	INCOME FROM INVESTMENTS	2,418,218
8	REVENUE FROM TELEPHONE AND TELEG	32,580
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	1,114,906
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	456,750
14	REVENUE FROM MEALS SOLD TO EMPLO	924,053
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	786
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	24,078,651
18	REVENUE FROM SALE OF MEDICAL REC	85,214
19	TUITION (FEES, SALE OF TEXTBOOKS	4,500
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	15,072
22	RENTAL OF HOSPITAL SPACE	335,868
23	GOVERNMENTAL APPROPRIATIONS	
24	SHARED SERVICES	877,710
24.01	CHILD CARE	770,667
24.02	GAIN/ LOSS ASSETS	
24.03	OTHER CLINICAL/PROF SERVICES	546,316
24.04	IC GRANT REVENUE	379,883
24.05	FEDERAL FINANCIAL AWARDS	105,862
24.06	GAIN ON INVESTMENT	4,509,348
24.07	INCOME TAX (NON-OP)	119,000
25	TOTAL OTHER INCOME	37,020,327
26	TOTAL	8,740,967
	OTHER EXPENSES	
27	LOSE ON INVESTMENT	
28	DERIVATIVES (NON-OP)	181,028
29		
30	TOTAL OTHER EXPENSES	181,028
31	NET INCOME (OR LOSS) FOR THE PERIO	8,559,939

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP					14,394	14,394
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	740,902		202		112,163	853,267
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	684,397		63,272		240,025	987,694
7 PHYSICAL THERAPY	181,709		14,073		63,727	259,509
8 OCCUPATIONAL THERAPY	37,046				12,992	50,038
9 SPEECH PATHOLOGY	496				174	670
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE	72,015		11,804		25,256	109,075
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME	116,894		19,176		1,027,426	1,163,496
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY	182,709				26,132	208,841
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	2,016,168		108,527		1,522,289	3,646,984

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP	-14,394			
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL		853,267	106,153	959,420
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE	-5,246	982,448		982,448
7 PHYSICAL THERAPY		259,509		259,509
8 OCCUPATIONAL THERAPY		50,038		50,038
9 SPEECH PATHOLOGY		670		670
10 MEDICAL SOCIAL SERVICES				
11 HOME HEALTH AIDE		109,075		109,075
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME	-17,003	1,146,493		1,146,493
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY		208,841		208,841
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-36,643	3,610,341	106,153	3,716,494

Health Financial Systems  
COST ALLOCATION -  
HHA GENERAL SERVICE COST

MCRIF32

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET H-4
I HHA NO:	I TO 6/30/2010	I PART I
I 16-7145	I	I

HHA 1

	NET EXPENSES FOR COST ALLOCATION 0	CAP-REL COST-BLDG & FIX 1	CAP-REL COST-MOV EQUIP 2	PLANT OPER & MAINT 3	TRANSPORTATIO N 4	SUBTOTAL 4A	ADMINISTRATIV E & GENERAL 5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	ADMINISTRATIVE & GENERAL	959,420				959,420	959,420
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	982,448				982,448	341,877
7	PHYSICAL THERAPY	259,509				259,509	90,305
8	OCCUPATIONAL THERAPY	50,038				50,038	17,412
9	SPEECH PATHOLOGY	670				670	233
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE	109,075				109,075	37,956
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME	1,146,493				1,146,493	398,963
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY	208,841				208,841	72,674
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	3,716,494				3,716,494	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX
2	CAP-REL COST-MOV EQUIP
3	PLANT OPER & MAINT
4	TRANSPORTATION
5	ADMINISTRATIVE & GENERAL
	HHA REIMBURSABLE SERVICES
6	SKILLED NURSING CARE 1,324,325
7	PHYSICAL THERAPY 349,814
8	OCCUPATIONAL THERAPY 67,450
9	SPEECH PATHOLOGY 903
10	MEDICAL SOCIAL SERVICES
11	HOME HEALTH AIDE 147,031
12	SUPPLIES
13	DRUGS
13.20	COST ADMINISTERING DRUGS
14	DME 1,545,456
	HHA NONREIMBURSABLE SERVICES
15	HOME DIALYSIS AIDE SVCS
16	RESPIRATORY THERAPY 281,515
17	PRIVATE DUTY NURSING
18	CLINIC
19	HEALTH PROM ACTIVITIES
20	DAY CARE PROGRAM
21	HOME DEL MEALS PROGRAM
22	HOMEMAKER SERVICE
23	ALL OTHERS
23.50	TELEMEDICINE
24	TOTAL (SUM OF LINES 1-23) 3,716,494

Health Financial Systems  
COST ALLOCATION -  
HHA STATISTICAL BASIS

MCRIF32

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET H-4
I HHA NO:	I TO 6/30/2010	I PART II
I 16-7145		

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MILEAGE (	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-959,420	2,757,074
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						982,448
7 PHYSICAL THERAPY						259,509
8 OCCUPATIONAL THERAPY						50,038
9 SPEECH PATHOLOGY						670
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						109,075
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						1,146,493
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						208,841
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					-959,420	2,757,074
25 COST TO BE ALLOCATED						959,420
26 UNIT COST MULTIPLIER						.347985

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)  
 NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2010 I PART I  
 I 16-7145 I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-47 BLD 3.01	NEW CAP REL COSTS-DYERSV 3.02	NEW CAP REL COSTS-PROF A 3.03	NEW CAP REL COSTS-ASBURY 3.04
1 ADMIN & GENERAL			650		9,226	
2 SKILLED NURSING CARE	1,324,325					
3 PHYSICAL THERAPY	349,814					
4 OCCUPATIONAL THERAPY	67,450					
5 SPEECH PATHOLOGY	903					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	147,031					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,545,456	14,646				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	281,515					
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,716,494	14,646	650		9,226	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-MED AR 3.05	NEW CAP REL COSTS-ENERGY 3.06	NEW CAP REL COSTS-RENTAL 3.07	NEW CAP REL COSTS-PARKIN 3.08	NEW CAP REL COSTS-97 BUI 3.09	NEW CAP REL COSTS-BELLEV 3.10
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME					27,648	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					27,648	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-CASCAD 3.11	NEW CAP REL COSTS-RETAIL 3.12	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	CHILD CARE 5.01	COMMUNICATIO NS 6.01
1 ADMIN & GENERAL				37,686	22,488	
2 SKILLED NURSING CARE				34,812		16,503
3 PHYSICAL THERAPY				9,243		
4 OCCUPATIONAL THERAPY				1,884		
5 SPEECH PATHOLOGY				25		
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				3,663		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME			14,394	5,946		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY				9,293		
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			14,394	102,552	22,488	16,503
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	PURCHASING 6.02	PFS/COLLECTI ON 6.03	SUBTOTAL 6A.03	OTHER A & G 6.04	SUBTOTAL 6A.04	OTHER ADMINI STRATIVE AND 6.06
1 ADMIN & GENERAL	216		70,266	7,562	77,828	
2 SKILLED NURSING CARE	862		1,376,502	148,146	1,524,648	
3 PHYSICAL THERAPY			359,057	38,644	397,701	
4 OCCUPATIONAL THERAPY			69,334	7,462	76,796	
5 SPEECH PATHOLOGY			928	100	1,028	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			150,694	16,218	166,912	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	27,804		1,635,894	176,063	1,811,957	
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	80		290,888	31,307	322,195	
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	28,962		3,953,563	425,502	4,379,065	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	48,386	3,013		18,273		12,636
2 SKILLED NURSING CARE						8,573
3 PHYSICAL THERAPY						1,649
4 OCCUPATIONAL THERAPY						348
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						1,936
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	95,878	5,971		36,209		
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						3,105
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	144,264	8,984		54,482		28,252
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	CENTRAL STER ILIZATION 19
1 ADMIN & GENERAL	87,973	328				
2 SKILLED NURSING CARE	59,685	1,307	1,705			
3 PHYSICAL THERAPY	11,483					
4 OCCUPATIONAL THERAPY	2,423					
5 SPEECH PATHOLOGY	36					
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	13,477					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		42,158				
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY	21,621	121				
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	196,698	43,914	1,705			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2010 I PART I  
 I 16-7145 I

HHA 1

HHA COST CENTER	NONPHYSICIAN ANESTHETIST 20	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		248,437		248,437		
2 SKILLED NURSING CARE		1,595,918		1,595,918	86,025	1,681,943
3 PHYSICAL THERAPY		410,833		410,833	22,145	432,978
4 OCCUPATIONAL THERAPY		79,567		79,567	4,289	83,856
5 SPEECH PATHOLOGY		1,069		1,069	58	1,127
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		182,325		182,325	9,828	192,153
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		1,992,173		1,992,173	107,385	2,099,558
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY		347,042		347,042	18,707	365,749
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,857,364		4,857,364	248,437	4,857,364
21 UNIT COST MULTIPLIER					0.053903	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.



Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2010 I PART II  
 I 16-7145 I

HHA 1

HHA COST CENTER		NEW CAP REL COSTS-BLDG & (SQUARE EET	NEW CAP REL COSTS-47 BLD F (SQUARE ) EET	NEW CAP REL COSTS-DYERSV F (SQUARE ) EET	NEW CAP REL COSTS-PROF A F (SQUARE ) EET	NEW CAP REL COSTS-ASBURY F (SQUARE ) EET	NEW CAP REL COSTS-MED AR F (SQUARE ) EET
		3	3.01	3.02	3.03	3.04	3.05
1	ADMIN & GENERAL		131		2,307		
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	2,850					
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	2,850	131		2,307		
21	COST TO BE ALLOCATED	14,646	650		9,226		
22	UNIT COST MULTIPLIER	5.138947	4.961832		3.999133		

HHA COST CENTER		NEW CAP REL COSTS-ENERGY (SQUARE EET	NEW CAP REL COSTS-RENTAL F (SQUARE ) EET	NEW CAP REL COSTS-PARKIN F (SQUARE ) EET	NEW CAP REL COSTS-97 BUI F (SQUARE ) EET	NEW CAP REL COSTS-BELLEV F (SQUARE ) EET	NEW CAP REL COSTS-CASCAD F (SQUARE ) EET
		3.06	3.07	3.08	3.09	3.10	3.11
1	ADMIN & GENERAL						
2	SKILLED NURSING CARE						
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME				1,981		
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)				1,981		
21	COST TO BE ALLOCATED				27,648		
22	UNIT COST MULTIPLIER				13.956588		

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2010 I PART II  
 I 16-7145 I

HHA 1

HHA COST CENTER		NEW CAP REL COSTS-RETAIL (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR ALUE	EMPLOYEE BEN EFITS GROSS SALARIES	CHILD CARE (PAYROLL EDUCTIONS	COMMUNICATIO NS D (DUBUQUE HONES	PURCHASING P (PURCHASING ) EQUISITIONS
		3.12	4	5	5.01	6.01	6.02
1	ADMIN & GENERAL			740,902	25,727		7,386
2	SKILLED NURSING CARE			684,397		69	29,460
3	PHYSICAL THERAPY			181,709			
4	OCCUPATIONAL THERAPY			37,046			
5	SPEECH PATHOLOGY			496			
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE			72,015			
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME		14,394	116,894			950,462
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY			182,709			2,730
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)		14,394	2,016,168	25,727	69	990,038
21	COST TO BE ALLOCATED		14,394	102,552	22,488	16,503	28,962
22	UNIT COST MULTIPLIER		1.000000	0.050865	0.874101	239.173913	0.029253

HHA COST CENTER		PFS/COLLECTI ON (GROSS HARGES	RECONCILIATI ON (	OTHER A & G ( ACCUM. COST	RECONCILIATI ON (	OTHER ADMINI STRATIVE AND ( ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET
		6.03	6A.04	6.04	6A.06	6.06	7
1	ADMIN & GENERAL			70,266		77,828	2,438
2	SKILLED NURSING CARE			1,376,502		1,524,648	
3	PHYSICAL THERAPY			359,057		397,701	
4	OCCUPATIONAL THERAPY			69,334		76,796	
5	SPEECH PATHOLOGY			928		1,028	
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE			150,694		166,912	
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME			1,635,894		1,811,957	4,831
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY			290,888		322,195	
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)			3,953,563		4,379,065	7,269
21	COST TO BE ALLOCATED			425,502			144,264
22	UNIT COST MULTIPLIER			0.107625			19.846471

Health Financial Systems MCRIF32  
 ALLOCATION OF GENERAL SERVICE  
 COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

FOR MERCY MEDICAL CENTER

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-5  
 I HHA NO: I TO 6/30/2010 I PART II  
 I 16-7145 I

HHA 1

HHA COST CENTER		OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LI NEN SERVICE F (POUNDS OF ) AUNDRY	HOUSEKEEPING L (SQUARE ) FEET	DIETARY F (MEALS )	CAFETERIA (HOURS OF ) SERVICE	NURSING ADMI NISTRATION S (HOURS OF ) SERVICE
		8	9	10	11	12	14
1	ADMIN & GENERAL	2,438		2,438		41,019	41,019
2	SKILLED NURSING CARE					27,829	27,829
3	PHYSICAL THERAPY					5,354	5,354
4	OCCUPATIONAL THERAPY					1,130	1,130
5	SPEECH PATHOLOGY					17	17
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE					6,284	6,284
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	4,831		4,831			
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY					10,081	10,081
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	7,269		7,269		91,714	91,714
21	COST TO BE ALLOCATED	8,984		54,482		28,252	196,698
22	UNIT COST MULTIPLIER	1.235933		7.495116		0.308045	2.144689

HHA COST CENTER		CENTRAL SERV ICES & SUPPL (PURCHASING EQUISITIONS	PHARMACY R (PHARMACY ) EQS	MEDICAL RECO RDS & LIBRAR (GROSS ) HARGES	SOCIAL SERVI CE (CASES	CENTRAL STER ILIZATION (HOURS	NONPHYSICIAN ANESTHETIST (
		15	16	17	18	19	20
1	ADMIN & GENERAL	7,386					
2	SKILLED NURSING CARE	29,460	2,778				
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME	950,462					
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY	2,730					
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	990,038	2,778				
21	COST TO BE ALLOCATED	43,914	1,705				
22	UNIT COST MULTIPLIER	0.044356	0.613751				

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
I 16-0069 I FROM 7/ 1/2009 I WORKSHEET H-6  
I HHA NO: I TO 6/30/2010 I PARTS I II & III  
I 16-7145 I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								PART A
1	SKILLED NURSING	2	1,681,943	2	1,681,943	9,860	170.58	4,301
2	PHYSICAL THERAPY	3	432,978		432,978	3,093	139.99	1,774
3	OCCUPATIONAL THERAPY	4	83,856		83,856	574	146.09	407
4	SPEECH PATHOLOGY	5	1,127		1,127	7	161.00	5
5	MEDICAL SOCIAL SERVICES	6				7		5
6	HOME HEALTH AIDE SERVICE	7	192,153		192,153	4,916	39.09	279
7	TOTAL		2,392,057		2,392,057	18,457		6,771

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
1	SKILLED NURSING	1,490		733,665	254,164	987,829
2	PHYSICAL THERAPY	444		248,342	62,156	310,498
3	OCCUPATIONAL THERAPY	93		59,459	13,586	73,045
4	SPEECH PATHOLOGY			805		805
5	MEDICAL SOCIAL SERVICES	1				
6	HOME HEALTH AIDE SERVICES	205		10,906	8,013	18,919
7	TOTAL	2,233		1,053,177	337,919	1,391,096

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
8	SKILLED NURSING	2200					
9	PHYSICAL THERAPY	2200					
10	OCCUPATIONAL THERAPY	2200					
11	SPEECH PATHOLOGY	2200					
12	MEDICAL SOCIAL SERVICES	2200					
13	HOME HEALTH AIDE SERVICE	2200					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
8	SKILLED NURSING					
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
14	TOTAL					

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET H-6
I HHA NO:	I TO 6/30/2010	I PARTS I II & III
I 16-7145	I	I HHA 1

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				34,959		
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	10,595	24,364	PART A 9	
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST  
LIMITATION:

	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4	2200	
17 PER BENE COST LIMITATION (FRM FI)	2200	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.447281			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.276416			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.884101			
5 DRUGS CHARGED TO PATIENTS	56	.298915			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				PROG VISITS ON OR AFTER 1/1/1999 5
			----- PROGRAM VISITS -----		----- PROGRAM COSTS -----		
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY		139.99					
2 OCCUPATIONAL THERAPY		146.09					
3 SPEECH PATHOLOGY		161.00					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT  
SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2010
I 16-0069	I FROM 7/ 1/2009	I WORKSHEET H-7
I HHA NO:	I TO 6/30/2010	I PARTS I & II
I 16-7145	I	I

## TITLE XVIII

## HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES  
PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1	REASONABLE COST OF SERVICES
2	TOTAL CHARGES
	CUSTOMARY CHARGES
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
	PAYMENT FOR SERVICES ON A CHARGE BASIS
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS
	LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE
	BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE
	WITH 42 CFR 413.13(B)
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
6	TOTAL CUSTOMARY CHARGES
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL
	REASONABLE COST
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
9	PRIMARY PAYOR AMOUNTS

## PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT	1,148,031	353,386
	OUTLIERS		
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH	2,353	1,471
	OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	12,625	11,175
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	10,351	2,694
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH	30	250
	OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP		
	EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS		
	(EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,173,390	368,976
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,173,390	368,976
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,173,390	368,976
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE		
	BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,173,390	368,976
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM		
	AGENCIES' TERMINATION OR DECREASE IN MEDICARE		
	UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	1,173,390	368,976
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,173,390	368,976
25	INTERIM PAYMENTS	1,173,390	368,976
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE		
	ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
	IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

TITLE XVIII

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,173,390		368,976
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,173,390		368,976
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,173,390		368,976

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE:

\_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2010	I	PARTS I-IV
I	16-0069	I		I	

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
2	CAPITAL FEDERAL AMOUNT	
3	CAPITAL DRG OTHER THAN OUTLIER	2,100,537
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	19,878
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	59.27
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.13
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	8.55
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	10.68
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.19
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	46,002
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,166,417
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	



## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2010
I	16-0069	I	FROM 7/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2010	I	PARTS I-IV
I	16-T069	I		I	

TITLE XVIII, PART A

SUBPROVIDER 1

FULLY PROSPECTIVE METHOD

## PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	59.27
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	1.07
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	8.55
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	9.62
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.97
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	